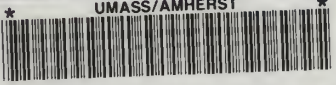


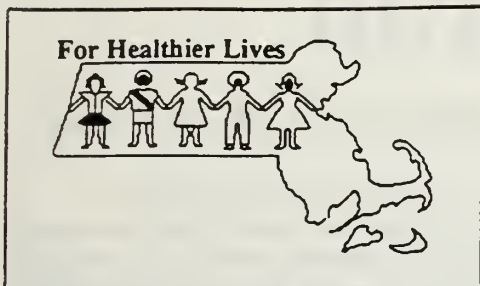
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Massachusetts Department of Public Health

EPI Update

Newsletter of the Division of Epidemiology

Volume 1

Issue 1

April 1998
GOVERNMENT DOCUMENTS
COLLECTION

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Will participate in immunization week activities with Commissioner Mulligan

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Mrs. Bumpers and former First Lady Rosalynn Carter started *Every Child by Two*, a national organization that is dedicated to working with health officials in every state to promote infant immunization.

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Preliminary plans call for Mrs. Bumpers to visit clinics where children are immunized, meet with pediatric health care providers, and hold a press conference on the status of immunizations in Massachusetts and nationwide.

She also will tour the Massachusetts Department of Public Health's Biologics Lab, where DTP vaccine is made, and may meet with a nursing organization to discuss the important

role nurses play in immunizing children.

Preschool Immunization Week is planned nationwide to draw attention to the importance of fully immunizing children by the time they are two years old.

The measles outbreak and outbreaks of rubella and other diseases prompted the Centers for Disease Control and national health organizations to call for a renewed effort to have children vaccinated. A goal has been set for the Year 2000 to have 90% of all children fully immunized by the time they are two.

Continued on Page 5

Our new newsletter

The Massachusetts Department of Public Health's Division of Epidemiology has launched a quarterly newsletter dedicated to keeping public health officials, providers, and other interested groups "up-to-date" on the division's latest activities.

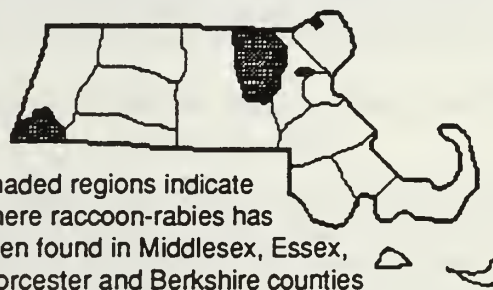
The newsletter will feature articles about recent outbreaks, upcoming activities, and information about new initiatives.

Since this is our first issue, we are especially interested in our readers' reactions. Please take a moment to fill out and return the reader response questionnaire on the last page of the newsletter. We will address your comments in our July issue.

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Hepatitis B Regulations	Page 5

Raccoon-Rabies in Massachusetts



Shaded regions indicate where raccoon-rabies has been found in Middlesex, Essex, Worcester and Berkshire counties

Risk of rabies continues to rise

We are now six months into the raccoon rabies epizootic. We had first expected to see it on our borders with Connecticut and New York. Instead, it appeared near the New Hampshire border. It also has spread more quickly than we had imagined. From the day we tested the first raccoon as positive for rabies on September 15, through March 24, 127 animals have tested positive, including 121 raccoons, three skunks, one cat, one woodchuck, and one fox.

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OUTBREAK Update:

Update on hep. A in DMR facilities

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Hepatitis A is an acute inflammatory condition of the liver caused by the hepatitis A virus (HAV). The disease is usually acquired by the ingestion of small numbers of the virus, which is shed in the stool of infected individuals (fecal-oral transmission).

The incubation period can vary between 15 and 50 days. Individuals are infectious up to two weeks before and until one week after their onset of symptoms. Symptoms include fever, anorexia, fatigue, myalgia, nausea, diarrhea, and occasionally jaundice, dark urine and clay-colored stools.

While any or all of these symptoms may be observed, 50% of cases have no symptoms at all. Asymptomatic cases are considered as infectious as symptomatic ones. All cases should be confirmed by IgM HAV serologic assays.

In this outbreak, the index case's onset of symptoms is believed to have been in late November, while the most recent case reported an onset of March 18.

The affected 25 clients and 9 staff members reside or work at 15 group homes and 10 day programs that service developmentally disabled adults.

The combination of the long incubation period of the disease, the occurrence of asymptomatic cases, and the unique problems inherent to this population have contributed to the continuation of this outbreak.

Good personal hygiene with careful attention to hand washing is essential in the prevention of this disease. In addition, administration of immune globulin is considered 80-90% effective if given within two weeks of an exposure.

To date, this outbreak has resulted in the dispensing of more than 1,000 doses of immune globulin.

The MDPH will continue working with the Department of Mental Retardation to monitor this outbreak and educate staff members in the ways of reducing hepatitis A transmission.

Pertussis in southeastern Mass. Cases indicate immunity may wane with age

An outbreak of pertussis in three Massachusetts counties this winter indicates that adolescent and adult infection may be more common than previously thought, possibly because of waning immunity.

Between November and January, multiple cases of a cough illness were reported to the Massachusetts Immunization Program from five schools in southeastern Massachusetts.

In one community alone, 225 people had symptoms consistent with pertussis. Twenty cases were serologically confirmed and six were culture-positive. Cases occurred in people from 5 months to 46 years old, with a median age of 15 years. Most cases in this outbreak were enrolled in middle school and high school.

A review of the school vaccination records from the outbreak showed that 96% of the cases were fully immunized, indicating waning immunity. There is currently no vaccine approved for use in individuals 7 years of age or older.

In the past, pertussis was more commonly found in infants and young children. But since 1988, more than 60% of Massachusetts' cases have occurred in adolescents and young adults. This outbreak provides evidence that pertussis should be strongly considered when assessing prolonged bouts of coughing in school-age children and adults, regardless of their vaccination status. It also indicates that pertussis is transmitted from infected adults to infants.

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Data from 1992 also show that the majority of human exposures to rabid animals were preventable, indirect exposures. These occurred when people were handling a pet that recently had fought with a raccoon.

Either the individual was not wearing gloves and had cuts on their hands, or the pet licked the individual on the face (eyes, nose, or mouth), potentially exposing the person to rabies, and necessitating treatment.

Please educate residents from your area about how to avoid indirect human exposure.

Educate People about Rabies!



**Plan pet vaccination clinics in
your community!**



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REGIONAL IMMUNIZATION *Updates*

Boston News: IAP meeting update, vaccine pick-up bags dwindling

Regional Epidemiologist: Nancy Harrington (617) 534-5609

As part of the nation-wide campaign to increase the immunization levels of 2-year olds to 90% by the year 2000, the Boston Health Department recently received \$126,000 from the Centers for Disease Control for an Immunization Action Plan to help achieve that goal. The City of Boston has supplemented this national grant with an additional \$225,000 to help get kids vaccinated.

Although Boston has not experienced the measles outbreaks that have been occurring in other large cities nationwide, a survey conducted in the spring of 1992 revealed that only 55% of Boston's children were appropriately vaccinated by 2 years of age.

Meetings of the Boston Immunization Action Plan Coalition and its service delivery, outreach, and assessment committees are underway, but anyone with creative ideas and community connections who is not currently involved in the Plan is encouraged to call Pat Tormey at 534-5611 for more information.

Providers receiving vaccine from the Boston Immunization Program are reminded that vaccine pick-up hours are Tuesday through Friday, 9:30 am to 4:30 pm. Also, the supply of insulated bags currently used for polio vaccine is dwindling. Please provide your driver/courier/pick-up person with a cooler or bag with ice packs for transporting vaccine. See you next quarter for Boston's vaccine-preventable disease update.

Metro News: New and updated materials available

Regional Epidemiologist: Lisa Berger, M.P.H. Regional Nurse: Jean Franzini, R.N. (617) 522-3700 Ext. 432

It has recently come to my attention that many of you in the Metro Region may have outdated immunization education materials or may not be aware of some of the new materials we provide. For example, we have many updated fact sheets and Important Information Statements (IISs). This would be a good time to review your current supply of materials to make sure you have the most up-to-date forms. If you have materials dated before 1990, chances are there are newer versions available.

We now have Vaccine Information Pamphlets (VIPs) available in Portuguese, Chinese, Vietnamese, and Russian as well as those that we have provided in English, French and Spanish. If the providers you serve deal with patients speaking other languages, please contact our office to see if VIPs are available.

Along with the VIPs, we have Vaccine Administration Records that may facilitate documentation of administration instead of using the "cut-out" section at the end of the VIP.

Finally, the Health Education Program recently developed an Adult Immunization Record that can be used with older patients receiving vaccine in the same way the Blue Books are used to record immunizations given to children. It is credit-card size and can be carried in a wallet.

If you are interested in obtaining any of these materials, please contact our office. I would be happy to send you information or make it available at the Biologics Laboratory when you pick up vaccine.

Also, I'd like to welcome **Jean Franzini, R.N.** as our new regional immunization nurse. Jean joined us from Newton Wellesley Hospital and will be working to promote immunizations.

Northeast News: Immunization activities planned

Regional Epidemiologist: Karen Ogden, R.N. Regional Nurse: Bertha Hopper, R.N. (508) 851-7261

Several activities to promote Preschool Immunization Week, April 24 to 30, have been scheduled by Northeast Region agencies, including an immunization clinic at the Dracut Board of Health on April 28 from 2:30 to 4 p.m.

The Northeast Regional Immunization Office invites any other agency interested in helping with planning Preschool Immunization Week activities to contact our office. We also want to welcome **Bertha Hopper, R.N.** as our regional immunization nurse. Bertha worked as a nurse at the Dracut Board of Health before joining the Massachusetts Immunization Program, where she will promote immunizations in children under 2 years of age.

REGIONAL IMMUNIZATION *Updates*

Central News: Great Brook Valley plans immunization activities

Regional Epidemiologist: Jack Bicknell

Regional Nurse: Margaret Regele, R.N. (508) 792-7880

Great Brook Valley Health Center, in Worcester, has planned several activities to promote preschool immunizations to the residents of Worcester. The Center plans to offer free immunizations for the entire month of April with no appointment necessary. These immunizations will be given to anyone, regardless of the location of their "medical home." The Center will increase access by opening on Monday and Thursday evenings and it will work to promote the free immunizations through the media, through area schools, Head Start Centers, day care centers and stores.

Nurses from the Center will check immunization records while conducting home visits. If they identify a person who is under-immunized, they will refer the person to the Center for the needed vaccinations.

The Center also will be distributing educational materials about the importance of immunizations and will be showing the American Academy of Pediatrics' "Before It's Too Late, Vaccinate" videotape. Every effort will be made to provide information to non-English speakers.

The Central Region also wishes to welcome **Margaret "Betty" Regele, R.N.** on board as the new immunization nurse for the region. Betty worked with Head Start, in Worcester, before joining the Massachusetts Immunization Program, where she will work to promote immunizations, focusing on children under 2 years of age.

Western News: HIB Outbreak in Berkshire County

Regional Epidemiologist: Marija Popstefanija, M.P.H.

Regional Nurse: Judith Coates, R.N. (413) 545-6600

During January and February, four cases of *Haemophilus influenzae* type B (Hib) occurred in Berkshire County. The cases occurred in a community with a philosophical objection to immunizations. Three of the children were hospitalized. One suffered meningitis (an inflammation of the brain), two suffered from epiglottitis and the fourth experienced periorbital cellulitis.

Before Hib vaccine was licensed for use in infants, Massachusetts regularly saw an average of 100 cases of Hib-related disease in children younger than 5. Since the vaccine has been universally provided in 1991, the number of cases dropped to 26 in 1991 and 4 in 1992 — a 96% decrease over two years.

In other news, we want to announce that C.E.D.E., of Holyoke, in conjunction with the prenatal clinic of Providence Hospital, will offer immunizations at a clinic April 24. These clinics will occur twice a month. For more information, call (413) 532-8547.

The Western Regional Office wishes to welcome **Judith Coates, R.N.**, who will be our regional immunization nurse. Judy was a school nurse in Palmer before joining the program. She will be promoting immunizations in the region, focusing on children under the age of 2.

Southeastern News: Measles outbreak being tracked

Regional Epi.: Joan Thompson-Allen, R.N. Nurses: Toni Borges, R.N. & Maureen Hunger, R.N. (508) 947-1231

The Southeast Regional office has been investigating a measles outbreak involving at least eight cases in the Brockton area. Five of the cases occurred in children younger than 15 months, which means they were too young to be vaccinated against the disease. The sixth case occurred in a 17-month-old who was old enough to be vaccinated, but was not because he had an ear infection at the times he was supposed to get the shot. An ear infection is considered to be an *invalid* contraindication and the child should have been vaccinated. The last two cases were in hospital employees who had past serologic proof of immunity. These last three cases reinforce the importance of having children vaccinated on-time and of making sure hospital employees are immunized against vaccine-preventable diseases.

We would like to welcome **Toni Borges R.N.** and **Maureen Hunger R.N.** as new staff. Toni worked at Lakeville Hospital and Maureen worked at Cape Cod Child Development Center before joining the program. They will be working with groups in the region to promote immunizations, focusing on children younger than age of 2.

The Southeast Immunization Program has relocated. The new address is: Department of Public Health, Southeast Regional Office, 109 Rhode Island Road, Lakeville, MA 02347.

Improving immunization rates in Massachusetts:

Nurses hired, conferences planned to promote immunizations

In response to a national resurgence of measles and other vaccine-preventable diseases, the Massachusetts Immunization Program (MIP) is launching a new initiative, the Massachusetts Immunization Action Plan (IAP) to increase access to immunizations services for children.

Funding for the IAP was allocated by Congress to assist states to identify and remove barriers to immunization services for all children.

The MIP solicited and received proposals from more than 100 health care providers, community-based organizations and local boards of health from across the state.

These plans were compiled into a comprehensive plan, which was submitted to the Centers for Disease Control in June 1992. The MIP was awarded \$1 million to implement its plan to address issues of immunization service delivery, education and assessment.

As a first step, the MIP has hired five regional immunization nurses to help providers improve immunization levels in the children they serve. The nurses will provide technical assistance in implementing the Standards for Pediatric Immunization Practices, help assess immunization levels in clinics, and provide

education and training about immunizations and vaccine management.

Two community-based immunization projects will be funded to develop and evaluate strategies to ensure access to immunizations for children in minority communities. The first project is being implemented by Nueva Esperanza, Inc., to serve the Hispanic community in Holyoke.

Local input into the ongoing implementation and evaluation of the IAP is necessary to ensure that local issues are identified and addressed. Regional Immunization Round Tables are being established to provide a forum for these discussions. We urge you to participate in the round tables. Please contact your regional immunization office for more information.

Strategies to improve immunization rates also will be featured at a series of immunization conferences in Holyoke, Worcester and Boston in June. These conferences are targeted to health care providers, outreach workers and health care administrators. Workshop sessions will be held to discuss strategies to remove barriers and ensure access to immunization services for all children in the state.

Massachusetts Public Health Association Preschool Immunization Conferences

Worcester
June 2

Holyoke
June 9

Boston
June 22

For information, contact the MPHA at (617) 524-6696

Preschool immunization week

Continued from Page 1

The CDC has asked that the week be observed annually as a time to "assess progress, plan for the future, and recognize accomplishments toward achieving the Year 2000 goal." The theme for the campaign is: "Hands Across the Nation for Preschool Immunization."

In addition to the visit by Mrs. Bumpers, numerous other activities are planned throughout the state to honor the day. They include:

- Distribution of English and Spanish versions of the videotape "Before It's Too Late, Vaccinate" developed by the American Academy of Pediatrics.

- Distribution of Spanish-language educational materials to pharmacies serving Hispanic communities.

- A series of presentations promoting the Standards for Pediatric Immunization Practices to health care professionals.

- Appearances of Massachusetts Immunization Program staff on community cable stations, on radio talk shows and at public presentations.

- Special vaccination clinics by boards of health and health centers across the state.

See **REGIONAL IMMUNIZATION Updates** on pages 3 and 4 for more information about your area.

Hearing on hep B regs. planned

The Massachusetts Immunization Program is working with the MDPH Office of Planning and Evaluation to expand hospital regulations to require that hepatitis B screening results be available for all women admitted to labor and delivery.

The new regulations are a step toward compliance with the recommendations of both the Centers for Disease Control and the American College of Obstetricians and Gynecologists.

The testing will help identify the 500 to 1,000 pregnant hepatitis B carriers giving birth each year in Massachusetts and will facilitate timely treatment of their infants to prevent 90% of perinatal hepatitis B infection.

There will be a hearing before the Public Health Council for public comment on the proposed regulations on April 8, 1993 at 10 am in the Public Health Council Room at 150 Tremont St., Boston, MA 02111. Written testimony will be accepted by Anne DeMatteis through April 15, 1993 at that address.

If the regulations are accepted, they are expected to be promulgated in June.

Vaccine Facts:

 Only 65% of two-year-olds are fully vaccinated in Massachusetts. Nationwide, this percentage drops to 55% and can be as low as 10% in some urban areas.

 Minority children living in urban areas are between 40 to 90% more likely to contract measles than urban white children of the same age.

 In 1982, the cost of vaccine in Massachusetts was about \$7 for a full series. By 1992, that cost had increased to \$129 due to added vaccines, increases in cost, and excise taxes. Nationally, a full series of vaccines purchased from the manufacturer can cost as much as \$244

 Every \$1 spent on vaccine for measles mumps and rubella saves \$10 in long-term medical costs.

Education Material Update

New educational materials available through the Division of Epidemiology include:

- Spanish-language Measles Pamphlet. This single-page pamphlet was designed specifically to address low immunization rates in Hispanic populations.

- Risk of Rabies pamphlet. This pamphlet is not new, but is continually updated and will be available in Spanish later this spring.

- Immunization poster. This will feature a baby's face and the message: "Help Protect Those Who Can't Protect Themselves — Vaccinate Your Children."

The programs in the division continually have new materials in foreign languages available. Please stay in contact with your regional staff for updates on available materials.

EPI Update

State Laboratory Institute
305 South St. - 5th Floor
Boston, MA 02130

Mail To:

RESPONSE QUESTIONNAIRE

Name _____ Position/Organization _____

Address _____ City _____ Zip _____ Phone: _____

What stories interested you? _____

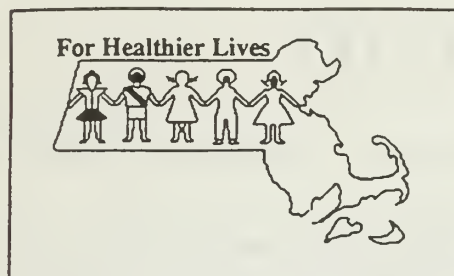
What stories did not interest you? _____

Was the regional information useful? _____ Were the graphs helpful? _____

What did you think of the design? _____

Suggested stories/other comments: _____

PLEASE MAIL RESPONSE TO EPI Update, STATE LABORATORY INSTITUTE, 305 SOUTH ST. 5th FLOOR, BOSTON, MA 02130



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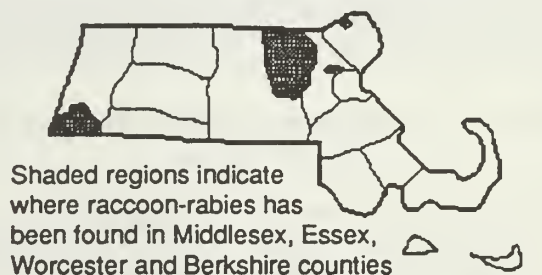
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REGIONAL IMMUNIZATION *Updates*

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Great Brook Valley Health Center, in Worcester, has planned several activities to promote preschool immunizations to the residents of Worcester. The Center plans to offer free immunizations for the entire month of April with no appointment necessary. These immunizations will be given to anyone, regardless of the location of their "medical home." The Center will increase access by opening on Monday and Thursday evenings and it will work to promote the free immunizations through the media, through area schools, Head Start Centers, day care centers and stores.

Nurses from the Center will check immunization records while conducting home visits. If they identify a person who is under-immunized, they will refer the person to the Center for the needed vaccinations.

The Center also will be distributing educational materials about the importance of immunizations and will be showing the American Academy of Pediatrics' "Before It's Too Late, Vaccinate" videotape. Every effort will be made to provide information to non-English speakers.

The Central Region also wishes to welcome **Margaret "Betty" Regele, R.N.** on board as the new immunization nurse for the region. Betty worked with Head Start, in Worcester, before joining the Massachusetts Immunization Program, where she will work to promote immunizations, focusing on children under 2 years of age.

Western News: Hib Outbreak in Berkshire County

Regional Epidemiologist: Marija Popstefanija, M.P.H.

Regional Nurse: Judith Coates, R.N. (413) 545-6600

During January and February, four cases of *Haemophilus influenzae* type B (Hib) occurred in Berkshire County. The cases occurred in a community with a philosophical objection to immunizations. Three of the children were hospitalized. One suffered meningitis (an inflammation of the brain), two suffered from epiglottitis and the fourth experienced periorbital cellulitis.

Before Hib vaccine was licensed for use in infants, Massachusetts regularly saw an average of 100 cases of Hib-related disease in children younger than 5. Since the vaccine has been universally provided in 1991, the number of cases dropped to 26 in 1991 and 4 in 1992 — a 96% decrease over two years.

In other news, we want to announce that C.E.D.E., of Holyoke, in conjunction with the prenatal clinic of Providence Hospital, will offer immunizations at a clinic April 24. These clinics will occur twice a month. For more information, call (413) 532-8547.

The Western Regional Office wishes to welcome **Judith Coates, R.N.**, who will be our regional immunization nurse. Judy was a school nurse in Palmer before joining the program. She will be promoting immunizations in the region, focusing on children under the age of 2.

Southeastern News: Measles outbreak being tracked

Regional Epi.: Joan Thompson-Allen, R.N.

Nurses: Toni Borges, R.N. & Maureen Hunger, R.N. (508) 947-1231

The Southeast Regional office has been investigating a measles outbreak involving at least eight cases in the Brockton area. Five of the cases occurred in children younger than 15 months, which means they were too young to be vaccinated against the disease. The sixth case occurred in a 17-month-old who was old enough to be vaccinated, but was not because he had an ear infection at the times he was supposed to get the shot. An ear infection is considered to be an *invalid* contraindication and the child should have been vaccinated. The last two cases were in hospital employees who had past serologic proof of immunity. These last three cases reinforce the importance of having children vaccinated on-time and of making sure hospital employees are immunized against vaccine-preventable diseases.

We would like to welcome **Toni Borges R.N.** and **Maureen Hunger R. N.** as new staff. Toni worked at Lakeville Hospital and Maureen worked at Cape Cod Child Development Center before joining the program. They will be working with groups in the region to promote immunizations, focusing on children younger than age of 2.

The Southeast Immunization Program has relocated. The new address is: Department of Public Health, Southeast Regional Office, 109 Rhode Island Road, Lakeville, MA 02347.

Improving immunization rates in Massachusetts:

Nurses hired, conferences planned to promote immunizations

In response to a national resurgence of measles and other vaccine-preventable diseases, the Massachusetts Immunization Program (MIP) is launching a new initiative, the Massachusetts Immunization Action Plan (IAP) to increase access to immunizations services for children.

Funding for the IAP was allocated by Congress to assist states to identify and remove barriers to immunization services for all children.

The MIP solicited and received proposals from more than 100 health care providers, community-based organizations and local boards of health from across the state.

These plans were compiled into a comprehensive plan, which was submitted to the Centers for Disease Control in June 1992. The MIP was awarded \$1 million to implement its plan to address issues of immunization service delivery, education and assessment.

As a first step, the MIP has hired five regional immunization nurses to help providers improve immunization levels in the children they serve. The nurses will provide technical assistance in implementing the Standards for Pediatric Immunization Practices, help assess immunization levels in clinics, and provide

education and training about immunizations and vaccine management.

Two community-based immunization projects will be funded to develop and evaluate strategies to ensure access to immunizations for children in minority communities. The first project is being implemented by Nueva Esperanza, Inc., to serve the Hispanic community in Holyoke.

Local input into the ongoing implementation and evaluation of the IAP is necessary to ensure that local issues are identified and addressed. Regional Immunization Round Tables are being established to provide a forum for these discussions. We urge you to participate in the round tables. Please contact your regional immunization office for more information.

Strategies to improve immunization rates also will be featured at a series of immunization conferences in Holyoke, Worcester and Boston in June. These conferences are targeted to health care providers, outreach workers and health care administrators. Workshop sessions will be held to discuss strategies to remove barriers and ensure access to immunization services for all children in the state.

Massachusetts Public Health Association Preschool Immunization Conferences

Worcester
June 2

Holyoke
June 9

Boston
June 22

For information, contact the MPHA at (617) 524-6696

Preschool immunization week

Continued from Page 1

The CDC has asked that the week be observed annually as a time to "assess progress, plan for the future, and recognize accomplishments toward achieving the Year 2000 goal." The theme for the campaign is: "Hands Across the Nation for Preschool Immunization."

In addition to the visit by Mrs. Bumpers, numerous other activities are planned throughout the state to honor the day. They include:

- Distribution of English and Spanish versions of the videotape "Before It's Too Late, Vaccinate" developed by the American Academy of Pediatrics.

- Distribution of Spanish-language educational materials to pharmacies serving Hispanic communities.

- A series of presentations promoting the Standards for Pediatric Immunization Practices to health care professionals.

- Appearances of Massachusetts Immunization Program staff on community cable stations, on radio talk shows and at public presentations.

- Special vaccination clinics by boards of health and health centers across the state.

See **REGIONAL IMMUNIZATION Updates** on pages 3 and 4 for more information about your area.

Hearing on hep B regs. planned

The Massachusetts Immunization Program is working with the MDPH Office of Planning and Evaluation to expand hospital regulations to require that hepatitis B screening results be available for all women admitted to labor and delivery.

The new regulations are a step toward compliance with the recommendations of both the Centers for Disease Control and the American College of Obstetricians and Gynecologists.

The testing will help identify the 500 to 1,000 pregnant hepatitis B carriers giving birth each year in Massachusetts and will facilitate timely treatment of their infants to prevent 90% of perinatal hepatitis B infection.

There will be a hearing before the Public Health Council for public comment on the proposed regulations on April 8, 1993 at 10 am in the Public Health Council Room at 150 Tremont St., Boston, MA 02111. Written testimony will be accepted by Anne DeMatteis through April 15, 1993 at that address.

If the regulations are accepted, they are expected to be promulgated in June.

Vaccine Facts:

 Only 65% of two-year-olds are fully vaccinated in Massachusetts. Nationwide, this percentage drops to 55% and can be as low as 10% in some urban areas.

 Minority children living in urban areas are between 40 to 90% more likely to contract measles than urban white children of the same age.

 In 1982, the cost of vaccine in Massachusetts was about \$7 for a full series. By 1992, that cost had increased to \$129 due to added vaccines, increases in cost, and excise taxes. Nationally, a full series of vaccines purchased from the manufacturer can cost as much as \$244

 Every \$1 spent on vaccine for measles mumps and rubella saves \$10 in long-term medical costs.

Education Material Update

New educational materials available through the Division of Epidemiology include:

- Spanish-language Measles Pamphlet. This single-page pamphlet was designed specifically to address low immunization rates in Hispanic populations.

- Risk of Rabies pamphlet. This pamphlet is not new, but is continually updated and will be available in Spanish later this spring.

- Immunization poster. This will feature a baby's face and the message: "Help Protect Those Who Can't Protect Themselves — Vaccinate Your Children."

The programs in the division continually have new materials in foreign languages available. Please stay in contact with your regional staff for updates on available materials.

EPI Update

State Laboratory Institute
305 South St. - 5th Floor
Boston, MA 02130

Mail To:

RESPONSE QUESTIONNAIRE

Name _____ Position/Organization _____

Address _____ City _____ Zip _____ Phone: _____

What stories interested you? _____

What stories did not interest you? _____

Was the regional information useful? _____ Were the graphs helpful? _____

What did you think of the design? _____

Suggested stories/other comments: _____

PLEASE MAIL RESPONSE TO EPI Update, STATE LABORATORY INSTITUTE, 305 SOUTH ST. 5th FLOOR, BOSTON, MA 02130

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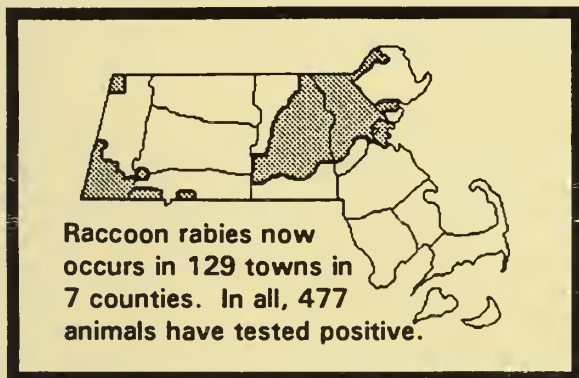
Newsletter of the Bureau of Communicable Disease

Volume 1

Issue 3

October, 1993

Raccoon rabies in Mass. after one year



On September 16, 1992, a raccoon from Ashby tested positive for rabies. Within days, it was confirmed that the raccoon had been infected with the mid-Atlantic strain of rabies. Since then, the epizootic has spread quickly throughout the state. As of Sept. 21, 129 towns in 7 counties have seen a total of 477 cases of animal rabies.

There have still been no human cases associated with the raccoon rabies outbreak. On July 11, an 11 year-old girl from New York died of rabies, but tests indicated she died of the bat strain.

As raccoon rabies spreads through the state, the risk to humans and domestic animals continues to increase. In the first year of the epizootic, there were 12 incidents of rabid animals biting people. Seven of the rabid animals were raccoons, two were woodchucks and three were cats. Of the 15 persons bitten, five were children under 10 years old, six were adult females, and four were adult males.

Although this sample is small, the trends are consistent with other studies showing children are bitten by animals more often than adults, and that females are bitten by cats more often than males (5 of the 6 persons bitten by cats were females).

Two of the rabid cats (one owned and one stray) had been seen fighting raccoons, and the third was known to have had a wound of unknown origin. None of the owners took appropriate measures, such as notifying the local animal control officers or board of health.

The exposures to the rabid cats were all preventable. Those involved either failed to vaccinate their cats, failed to take appropriate measures when the cats were exposed to wildlife, or they failed to avoid contact with strays (or see that their children did). These facts point to a need for more education to the public about basic preventive measures.

Influenza vaccine available for '93 season

The Immunization Program will distribute 475,000 doses of influenza vaccine this year for persons ≥ 65 years of age and for high-risk populations (see sidebar).

The trivalent influenza vaccine prepared for the 1993-1994 season includes A/Texas/36/92-like (H1N1), A/Beijing/32/92-like (H3N2,) and B/Panama/45/90-like virus strains.

Because this differs from the 1992-1993 vaccine, last year's should not be used this season.

There already have been three outbreaks of influenza-like illness (ILI) between August 12 and September 4 in southern Louisiana.

Influenza type

A/Beijing/32 has been isolated from two of these outbreaks. That strain is included in this year's vaccine.

Because of these unusually early outbreaks, we would like providers, boards of health, and others to report any ILI to the Division of Epidemiology quickly so we can begin surveillance and notify the Centers for Disease Control and Prevention (CDC). Pneumonia and influenza are the sixth leading cause of death in the United States. Working together, boards of health, senior citizens groups, and health care providers in the Commonwealth can make a difference in the health of our populations at risk.

Who should be immunized?

- Persons ≥ 65 years old.
- Residents of nursing homes.
- Adults or children who have chronic lung disorders, including asthma.
- Adults and children with chronic medical disorders such as: metabolic disease (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression.
- Children and teenagers ages 6 months to 18 years receiving long-term aspirin therapy.
- Health care professionals, home care providers, and household members who spend time with those at risk.

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Immunization Update

Pertussis affects schoolchildren statewide

Pertussis vaccine only protects children for 5 to 10 years after the last dose is given, which is usually at entry to kindergarten. By the time students reach middle school and high school, they are no longer protected.

From October 1992 through June 1993, there were 433 cases of pertussis (whooping cough) reported in Massachusetts. Of these, 347 (80%) were in schoolchildren between 5 and 19 years old. In southeastern Massachusetts, an outbreak last fall included more than 225 cases, mostly middle and high school students.

Another outbreak was reported this summer in western Massachusetts. From June 9 to September 7, 58 cases were reported, 52% in school-age children. Twenty-four of the cases occurred in students attending the same high school.

With school in session, more outbreaks may occur. It is important that school nurses and other health care providers are aware pertussis occurs frequently in this age group. Older children and adults usually do not have a whoop. The disease resembles bronchitis. All children presenting with prolonged cough illness should be evaluated for pertussis.

Immunization assessment assistance "What gets measured gets done"

One of the Standards for Pediatric Immunization Practices asks that, "Providers conduct semi-annual audits to assess immunization levels and to review immunization records in the patient populations they serve." Immunization assessments can provide ongoing quality assurance when implemented.

To assist providers in conducting practice-based immunization assessments, the Centers for Disease Control (CDC) has developed a computerized immunization assessment tool to determine the immunization levels in preschool children. This IBM-compatible software enables a pediatric practice to assess its immunization levels, identify missed opportunities, and assess the quality of their documentation.

Training and copies of the software are now available to private providers, community health centers, and public health clinics. For more information, or to schedule a practice-based assessment training, contact your regional immunization nurse or Cheryl Bushnell at 617-522-3700 Ext. 420.

National Adult Immunization Week: October 24-30

Please consider whether your patients or staff need any immunizations, such as Td, hepatitis B, MMR, influenza, or pneumococcal vaccine.

Immunization news briefs:

MDPH supplies new hepatitis B formulation:

The Immunization Program began supplying in September a pediatric formulation of Recombivax HB to all vaccine providers for use in infants born to HBsAg-negative mothers. This formulation is supplied in single-dose 0.5 ml vials.

The previous formulation is still available for administration to infants born to mothers who are HBsAg-positive or HBsAg-status unknown. This formulation is supplied in a two-dose 1 ml vial.

Both formulations have the same three dose schedule, are restricted for use only in children born after January 1, 1992, and are available through your board of health. If you have questions about the change, call your board of health, your regional epidemiologist, or the Hepatitis B Prevention Project at (617) 522-3700, Ext. 420.

Nurse hired to help with OSHA training:

Lorraine Peavey, R.N., has joined the Bureau under contract with AdCare Educational Institute as a nurse educator.

Ms Peavey, an experienced clinician and administrator, is available to provide assistance and educational material to public and private agencies to help implement the Bloodborne Pathogen Standard of the federal Occupational Safety and Health Administration. She also can provide information on the use of universal precautions, and the protection of workers and patients from bloodborne infections.

Ms Peavy is also able to provide "train the trainer" programs in universal precautions, adult immunization with hepatitis B vaccine, and development of exposure control plans. She can be reached at (617) 522-3700, Ext. 430.

MMS to host immunization conference:

An immunization conference, hosted by the Massachusetts Medical Society (MMS) and featuring some of the nation's authorities on immunizations, is planned for the World Trade Center on November 10.

The theme of the conference is: "Childhood Immunizations: Past, Present, and Future." Topics to be discussed include barriers to immunizations, immunization policies, and new developments in the field.

The conference is being sponsored by the Massachusetts Medical Society, in conjunction with the Department of Public Health, the Massachusetts Chapter of the American Academy of Pediatrics, the Massachusetts Society for Medical Research, the Massachusetts Hospital Association, and the New England Memorial Hospital.

Speakers planned for the conference include Roger Bernier, Ph.D., of the National Immunization Program of the CDC, and Anthony Robbins, M.D., of the Office of the Assistant Secretary for Health.

For registration information, please contact the MMS at (617) 893-4610 or 1-800-322-2303, extension 1342.

STD Update

Sexually Transmitted Diseases and adolescents

Although rates of sexually transmitted disease in Massachusetts have decreased across all age groups since 1990, a larger proportion of STDs are still occurring in persons aged 15 to 24. The medical, social and economic consequences of this statistic are enormous.

Young women bear a large burden of these consequences. While infections in women are often asymptomatic, they may lead to serious complications. For example, while chlamydia may be asymptomatic, it can result in pelvic inflammatory disease, complicated by infertility, ectopic pregnancy and chronic pelvic pain. Human papilloma virus infection of the cervix, which may also be asymptomatic, is associated with an increased risk of cervical cancer.

Interactions among STDs have always been complex, but have now been made even more so by the spread of HIV, the virus that causes AIDS.

An HIV infected individual may respond differently to an STD - perhaps with more severe symptoms and/or lessened or inadequate response to traditional treatment. Conversely, the presence of an STD, such as genital ulcerative disease, increases the likelihood of transmission of HIV.

Sexually transmitted diseases in adolescents is a particularly multifaceted problem. Adolescence is a period in life characterized by risk taking and a sense of invulnerability. Teens are often unable to anticipate or prevent potentially harmful consequences. During these years, self expression,

experimentation, independence and peer acceptance are very important. All of these factors put teens at increased risk for all STDs, including HIV.

While sexual abstinence effectively prevents STDs and should be promoted, it must be realized that a large number of teens are sexually active.

Information must be provided about the risks of sexual activity and methods of preventing infection. Teens must be

encouraged to use condoms for every sexual encounter. They must also be educated to realize that while STDs may have no symptoms they may still cause physical damage to the person infected and be transmitted to a sexual partner.

Finally, teens need access to comprehensive STD services that are confidential, non-judgmental and where they can feel comfortable discussing issues surrounding sexuality.

Recent trend data shows a decrease in the rates of sexually transmitted diseases in Massachusetts. This statistic reflects in part the educational and disease

prevention efforts of the Department of Public Health's STD Division. However, additional reductions in disease rates will require prevention efforts that reach out to high risk groups such as adolescents.

Increased efforts are underway to reach teens through our disease intervention, partner notification and educational services. If you have questions about our services, need a speaker, or educational materials, contact Education Coordinator Christie Burke at (617) 522-3700 Ext. 400.

STD rates for Massachusetts teens ages 15 to 19

	MALE			FEMALE		
	WHITE	BLACK	HISPANIC	WHITE	BLACK	HISPANIC
GONORRHEA						
1989	30.9	2277.9	358.7	112.2	3418.4	507.2
1990	24.7	2779.1	413.1	99.9	3157.8	477.8
1991	12.9	2201.1	373.1	67.7	2422.1	485.1
1992	8.0	892.0	236.0	44.0	1257.0	323.0
SYPHILIS						
1989	2.2	91.1	66.6	3.4	137.9	132.3
1990	2.8	121.4	59.9	3.9	191.6	191.1
1991	1.1	96.7	39.9	2.2	268.2	117.6
1992	00	89.0	21.0	4.0	146.0	59.0
CHLAMYDIA						
1989	21.9	582.2	139.9	452.8	4154.2	1499.4
1990	30.3	627.8	206.7	428.2	3901.3	2249.2
1991	17.9	856.6	239.8	382.1	3709.6	2094.8
1992	15.0	773.0	193.0	351.0	3227.0	2168.0

RATE PER THOUSAND TEENAGERS

STD Educational events and announcements

Pelvic Inflammatory Disease. Alain Campell, M.D., MSc., at State Laboratory Institute, Jamaica Plain, Oct. 5, 1:00 to 3:30 pm. To inquire call Christie Burke, Education Coordinator, at (617) 522-3700, Ext. 400.

1993 STD UPDATE. Sponsored by the Massachusetts Medical Society (MMS) in cooperation with the Massachusetts Department of Public Health. The feature presenter is Judith N. Wasserheit, M.D., MPH, Director STD HIV Prevention, Centers for Disease Control and Prevention. Nov. 18, 8:15 am to 4:45 pm. To inquire call the MMS at (617) 893-4610.

STD Newsletter. This is our first edition of the *STD Update*. If you have comments or suggestions for future issues, please call Christie Burke, Education Coordinator, at (617) 522-3700, Ext. 400.

REGIONAL IMMUNIZATION Updates

Boston News: Measles cases in health care workers

Regional Epidemiologist: Nancy Harrington (617) 534-5609

Epidemiology: A recent case of laboratory-confirmed measles in a 36-year-old employee of a local health center was reported on August 6. Symptoms began with cough, coryza and a temperature of 103° and progressed to a rash beginning on the face and progressing to the trunk and limbs. Nineteen staff members were excluded from work for several days until titer results were obtained. The results showed that 12 staff were immune to measles, while five staff had indeterminate results. These five were given MMR vaccine as a booster and removed from patient contact for 21 days. Two staff members had no detectable antibodies and were excluded from work for 21 days after exposure. While there were no additional cases of measles from this exposure, valuable staff time and resources were spent determining who was exposed, who was immune, and who needed to be excluded. Since January, Boston has had only two cases of measles reported, both in health care workers. According to the state's Isolation and Quarantine Regulations, health care workers born after 1956 who do not have evidence of immunity to measles must be excluded from work from the fifth to the 21st day after an exposure to a measles case. Immunity is defined as documentation of two doses of live measles-containing vaccine administered at least one month apart, or serologic proof of immunity. These cases highlight the need for instituting a measles immunization policy for all health care workers. For additional information on immunization policies for health care workers, please contact the epidemiologist for your area.

Metro News: Pertussis cases seen in Winthrop

Regional Epidemiologist: Lisa Berger, M.P.H. Regional Nurse: Jean Franzini, R.N. (617) 522-3700 Ext. 420

Epidemiology: There was a small outbreak of pertussis in Winthrop from July to August 1993. The school nurse in this town was informed, however, that one of the cases exposed 40 teenagers from the following cities and towns: Malden, Revere, Dorchester, Everett, Saugus, East Boston, Stoneham, Roxbury, Brookline, Boston, Cambridge and Belmont. Nearly all contacts were put on erythromycin prophylaxis, however, there is still potential for continued spread. If you become aware of middle or high school students with a prolonged cough, please have them evaluated for pertussis.

Educational activities: There will be a round table update of the Massachusetts Immunization Action Plan for the Metro Region on October 8. The meeting will be held from 10 am to noon in Room 123 at the State Lab in Jamaica Plain. Health care providers, boards of health, and community-based organizations are invited to participate in this discussion of IAP activities.

Northeast News: Pertussis cases in the region

Regional Epidemiologist: Karen Ogden, R.N. Regional Nurse: Bertha Hopper, R.N. (508) 851-7261 X39 & 40

Epidemiology: Pertussis continues to be the only reported vaccine-preventable disease in our region. Six serologically confirmed cases were reported in people from 10 to 68 years of age, with two cases being linked to a confirmed case.

Educational activities: Ongoing *Standards for Pediatric Immunization Practices* presentations continue in the region. Please call the office to arrange a presentation. We would love to hear from you.

Vaccine issues: Just a reminder to vaccine providers that your vaccine supply is directly related to accurate accountability of doses given. Please remember to follow the directions on the pink scanner forms completely, paying particular attention to filling in the dot corresponding to the correct vaccine and age group given. Please do not use rubber stamps on the forms as the scanner cannot process these forms correctly. Questions should be directed to Sheila Sullivan at extension 38.

REGIONAL IMMUNIZATION Updates

Southeast News: Pertussis in Southeast

Regional Epi.: Joan Thompson-Allen, R.N.

Regional Nurse: Maureen Hunger, R.N. (508) 947-1231

Epidemiology: Sporadic cases of pertussis continue to be reported in the Southeast Region. During July, August and September, 18 cases of pertussis were reported, ranging in age from 1 month to 58 years, with a mean of 18 years. Fifty-five percent of these cases occurred in schoolchildren between 12 and 18 years of age. Health care providers and school nurses should watch for pertussis to prevent school outbreaks.

Educational activities: Copies of *The Standards for Pediatric Immunization Practices* are available. Ms Thompson-Allen and Ms Hunger are available for inservices for providers regarding these standards. Please call to schedule a program. A new immunization poster produced by the MDPH/MIP is available in English, Spanish and Portuguese. Please call to order.

Vaccine issues: Fall is fast approaching, which means the coming of flu season. Flu clinics should be scheduled during October and November. This is an opportunity to assess the immunization status of adults in your community and to administer Td and pneumococcal vaccine. Remember, when picking up vaccine, the DPH Southeast Regional Office has moved to 109 Rhode Island Road, Lakeville.

Central News: Pertussis in Central Region

Regional Epidemiologist: Jack Bicknell

Regional Nurse: Margaret Regele, R.N.

(508) 792-7880

Epidemiology: The Central Region continues to experience sporadic cases of pertussis. The majority of the cases have been seen in the northeastern area of the region and the Worcester area. One third of these cases have been in infants under 8 months of age.

Educational activities: Clinic assessments to determine the immunization levels of two year olds are being planned throughout the region. Standards for Pediatric Practices presentations are also being given to area providers. If any health care provider or agency would be interested in having an immunization assessment or standards presentation, please contact the office.

Vaccine issues: Plumley Village Health Center, Worcester, has been holding free immunization clinics monthly since August. The next clinic will be in October. The Center also has an outreach program that identifies children with health needs, including immunization needs, and refers them to the Center for follow-up

Western News: Pertussis cases in Western Mass.

Regional Epidemiologist: Marija Popstefanija, M.P.H.

Regional Nurse: Judith Coates, R.N.

(413) 545-6600

Epidemiology: A pertussis outbreak continues in western Massachusetts. From June 9 to August 20, there were 44 confirmed cases. Fifteen of those cases were students at Gateway Regional High School, in Huntington, and nine cases were household members of Gateway students. The remaining cases, although not directly related, were either high school students or residents in towns with confirmed cases. One outbreak in a day care facility in Westfield involving two teachers and one child was linked to the Gateway Regional High School outbreak.

Health care providers should be aware that adolescents and adults can contract pertussis and that partially vaccinated or unvaccinated infants are at high risk. We urge physicians to include pertussis in their differential diagnosis for all age groups who present with a coughing illnesses.

Educational activities: *Standards for Pediatric Immunization Practices* presentations are available. If you would like to schedule a presentation, contact our office. Clinic assessments that evaluate immunization rates of two-year-old children are being conducted in western Massachusetts. (See related article on Page 2.) Please contact us for more information about scheduling a clinic assessment in your office.

Information regarding multidrug resistant TB

Multidrug resistant tuberculosis (MDR TB) is defined by the CDC as strains of TB resistant to at least INH and rifampin.

MDR TB is not a "new strain" of tuberculosis. Drug resistant TB has been noted as long as there have been drugs to treat this disease and MDR TB has occurred in individual patients in the past. What is new is the occurrence of outbreaks of MDR TB in persons infected with HIV. No MDR TB outbreaks have occurred in Massachusetts.

MDR TB is not a more virulent organism. In other words, MDR TB is no more likely to cause infection or disease than ordinary TB. Investigations have shown tuberculin skin test conversions among health care workers were more likely to be associated with exposure to patients with drug resistant organisms, but this probably reflects the persistent infectiousness of patients with unrecognized drug resistant TB who were not on effective therapy.

Persons at high risk for developing MDR TB include: those who have been exposed to someone with MDR TB

(especially if they are immunocompromised); TB patients who have failed to take medications as prescribed; and TB patients who were prescribed an ineffective treatment regimen.

Massachusetts has a very low incidence of MDR TB. Two to three percent of the bacteriologically confirmed cases in a given year are multidrug resistant. This means four or five cases a year.

Of the 1992 prevalence cases (N=11) 73% were male; 27% female. Age ranged from 19-85. More than half were between ages 25-44. Minorities accounted for over 70% of the cases. Forty five percent were foreign born. Primary site of disease was pulmonary for all cases. One case had concomitant lymph node disease. Only 45% were reported as being tested for HIV. Due to confidentiality and small cell size, these results cannot be reported here.

Increased vigilance by all healthcare providers will be needed in order to maintain our good record in preventing MDR TB.

1992 TB Surveillance

The incidence of TB in Massachusetts decreased by 1.8% in 1992 as compared to 1991, with a case rate of 7.11. Case rates have increased and continue to increase in other parts of the United States with similar demographic compositions. In Massachusetts, the cases of TB continue to be in select pockets of the population.

Geographically, 75% of the cases come from 22 "high risk" communities; in 1992 two more communities were added to the "high risk" list - Medford and Brookline. A "high risk" community is one that has a seven year average case rate above the state's seven year mean case rate.

Other populations at highest risk for TB in 1992 include the foreign born, minorities, the elderly, and the homeless. For the second consecutive year over half (50.7%) of the cases were in persons born outside the United States, with over 40 countries represented. Haiti continues to have the highest number of cases, followed by Vietnam, India, China, Cambodia, Dominican Republic and Cape Verde. Forty-three percent of the cases are in the 25-44 year old age group; 72% in communities of color.

The elderly (over 65 years) accounted for 23% of the cases - a 2% increase over 1991; 4.7% of the cases were long term care facilities, - a 44% increase over 1991.

For the second year in a row, the number of cases in the homeless population decreased, accounting for only 4.4% of the total number of cases (15.5% of the bacteriologically confirmed cases) - a 27% decrease from 1991.

Announcements

The Division of TB Control wants your feedback. Let us know how we can serve you through this newsletter. Send comments or suggestions to: The Division of TB Control, 305 South Street, Jamaica Plain, MA, 02130, Attention: David DeBiasi, RN, Director of Education and Training.

New Publication...

TB Facts for Health Care Workers (CDC). This 16-page booklet contains information on diagnosing, treating, and preventing TB, as well as on MDR TB. For copies of this free booklet send a written request to the above address.

For a complete list of educational materials available from the Division send us a written request.

Upcoming...

The 1994 American Lung Association/American Thoracic Society International Conference will be in Boston in May.

ATTENTION:

**24 hour TB reporting line open
1-800-446-5528**

When calling to report a case (or suspect) of TB, please have the following information ready: your name, telephone number, the patient's full name, date of birth, and address. There is no need to follow up with a written report. The Division transcribes the information into a log book.

Epidemiology Update

Raccoon rabies control study planned Cape, other areas to be protected

Tufts University Veterinary School is planning an experimental trial to immunize wild raccoons against rabies.

Researchers plan to distribute vaccine-laden bait on both sides of the Cape Cod Canal as an attempt to prevent raccoon rabies from moving onto the Cape, which has not yet had any rabid raccoons.

A second phase of the trial will involve applying bait to an area that already has raccoon rabies to see if the number of rabid animals can be limited. The site has not been decided.

Because the vaccine is experimental, the trial will require approval by the U.S. Department of Agriculture and the state Department of Fisheries and Wildlife. Dr. Janet Martin, a veterinarian with the Tufts Wildlife Clinic, is the principal investigator for the trial. She hopes approval will be given in time for baiting to begin this fall.

The vaccine was developed by Dr. Charles Rupprecht, chief of the Rabies Branch of the Centers for Disease Control and Prevention. [Trials in Pennsylvania and New Jersey have shown the vaccine to be safe and to immunize a large percentage of raccoons in the study area.] Europe and Canada have had success with a different oral vaccine to stem the spread of fox rabies.

The vaccine, called recombinant vaccinia rabies glycoprotein (vRG vaccine), was created by inserting part of the genetic material of the rabies virus into the vaccinia virus, which once was used to vaccinate people against smallpox. The vaccine does not contain live rabies virus and cannot cause rabies or smallpox. In humans, the vaccine is largely considered safe, although theoretically it could cause an adverse reaction if ingested by an immunosuppressed person.

The Department of Public Health will provide laboratory and epidemiology support for the trial. Although there is hope the vaccine will reduce the spread of rabies, people should not have a false sense of security. Even in study areas, such as Cape Cod, people must continue reducing the risk posed by rabies by avoiding wildlife and strays.

The study areas will still be considered to have raccoon rabies, because rabid raccoons could cross the "immune barrier" by hitching a ride on a truck. Bites by wild and stray animals will be evaluated accordingly.

Northeast Epidemiology meeting planned

The Northeast Epidemiology Conference will be held at the Westminster Village Inn, in Westminster, on Oct. 14 to 16.

The conference is held annually to give epidemiologists from the northeastern states and eastern Canada an opportunity to meet and discuss public health challenges facing the region.

For more information or to register, please contact Paul Etkind at (617) 522-3700 Ext. 407.

Holiday food safety

Some think it is difficult to plan a holiday feast that is both delicious and safe. With thought and organization it's easy.

For turkey lovers, the U. S. Department of Agriculture has published the booklet "Talking About Turkey: How to buy, store, thaw, stuff, and prepare your holiday bird."

This booklet covers nearly everything you need to know about the safe handling of this popular holiday fare. And if it's not in the booklet, you can call the USDA Meat and Poultry Hotline from 10 am to 4 pm at 1-800-535-4555.

In addition, with just a few changes, you can serve those family favorites such as homemade eggnog (with real eggs!). The following recipe is from the American Egg Board. It decreases the possibility of human illness if eggs are contaminated with *Salmonella enteritidis*.

4 eggs	1 qt. very hot milk
1/4 c.sugar	1 tsp. vanilla
1/4 tsp.salt	optional: brandy, whiskey, rum, etc.

In a large saucepan, beat together the eggs, sugar, and salt. Slowly stir in the hot milk. Cook over low heat, stirring constantly, until the mixture thickens and just coats a metal spoon. Cool quickly by setting the pan in a bowl of ice or cold water and stirring for a few minutes. Cover and refrigerate until thoroughly chilled, several hours or overnight. Just before serving, stir in flavoring if desired. **Note:** This recipe makes only 5 cups. The risk of mishandling due to time/temperature abuse will increase if the recipe is doubled or tripled. As usual, those persons at an increased risk of serious illness due to an SE infection (very young, elderly, immunocompromised) should avoid eating foods containing raw or undercooked eggs.

Health officials asked to distribute rabies pamphlet at community Halloween parties

Schools, boards of health, and animal control officers are being asked to help educate residents of their towns attending community Halloween parties about the risk posed by rabies.

Instead of having trick-or-treating, many towns in Massachusetts plan costume parties for children at the school gymnasium or a local auditorium. At the party, children often play games, parade in their costumes, and pick up treats.

As one of the less fattening treats, the Division of Epidemiology is offering to provide its "Risk of Rabies is Expected to Rise" pamphlet, now available in Spanish, for distribution to the children and their parents.

This is just one way we hope local officials can help promote risk reduction measures in their community. For more information, or for copies of the pamphlets, contact the Division of Epidemiology at (617) 522-3700 Ext. 420.

Head Lice facts:

Head lice are a common problem affecting school-aged children. Except for the common cold, pediculosis affects more school-aged children than all other childhood communicable diseases combined. Here are a few more facts:

- ▶ Head lice are crawling insects. They do not jump or fly.
- ▶ They are six-legged insects, which feed on human blood.
- ▶ They are transmitted by direct contact, or by sharing hats, combs, or brushes.
- ▶ Anyone can get head lice. Having them doesn't mean a person has poor hygiene.
- ▶ Effective treatment is available. Carefully follow the instructions on the label.

For more information or educational materials on head lice, contact the National Pediculosis Association at P.O. Box 149, Newton, MA 02161 or call 1-800-446-4NPA.

Educational material update

New educational materials available through the Division of Epidemiology include:

- Adult immunization posters and booklets. These materials were produced by the Centers for Disease Control and Prevention and are to be used to promote adult immunizations to the general public.
- Hepatitis B consent form (Important Information Statements) in Hmong and Haitian Creole. It also is available in Spanish and Cambodian.
- *E. coli* 0157 fact sheet. This contains valuable information for the general public about a disease that has recently been in the national spotlight.
- Rabies curriculum. This update of the old curriculum is expected to become available in November.

The programs in the Bureau continually have new materials available. Please stay in contact with the regional and central staff for information about materials.

EPI Update

State Laboratory Institute
305 South St. -- 5th Floor
Boston, MA 02130

Mail To:

You be the Epi

A resident of your town contacts you at your animal control office to report that his labrador retriever has just returned home after what looks like a vicious fight with an unknown animal. The dog suffered many bite wounds on its face and neck, and the neck appeared to be damp from sweat, he said. The man said he picked some gray fur out of the wounds and then washed the wounds thoroughly by hand. He wants to know whether the dog should be brought to a veterinarian for its rabies shots.

You call his veterinarian, who reports the animal has never been vaccinated against rabies. You must decide how to handle the dog and whether the man should be treated. What should you do? You be the Epi.

Analysis:

It is likely the dog was in a fight with a wild animal, possibly a raccoon. Because it is assumed that raccoon-transmitted rabies is in all parts of the state, the pet could have been exposed to the rabies virus and, possibly, exposed the owner. The man should be referred to his health care provider, who will assess the integrity of the skin on the man's hands and determine whether he could have been exposed. If he is at risk, the provider will treat with rabies immunoglobulin (RIG), the HDCV vaccine, and possibly a tetanus shot.

Since the dog was not vaccinated and could have been exposed to a rabid animal, it should be euthanized. If the owner refuses this, he should be advised of the risk that his dog will develop rabies and then be instructed in how to strictly confine his pet for six months, with regular observations by a veterinarian throughout. The animal should be vaccinated one month before release.

MASS. NS 30.1703: 1/2



Massachusetts Department of Public Health

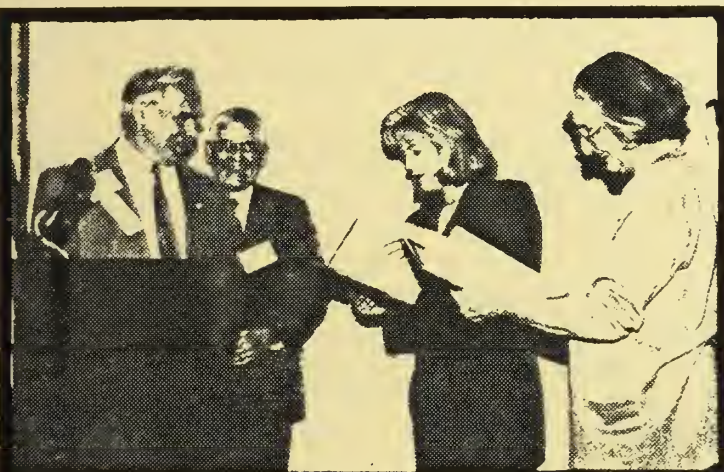
EPI Update

Newsletter of the Division of Epidemiology

Volume 1

Issue 2

July, 1993



Tipper Gore and Betty Bumpers meet with Dr. William Callahan, president of the Massachusetts Medical Society, and DPH Commissioner David Mulligan.

Tipper Gore and Betty Bumpers visit Mass.

Tipper Gore, wife of Vice President Al Gore, and Betty Bumpers, a national immunization advocate, visited Massachusetts in April as part of the state's Preschool Immunization Week activities.

The two visited Boston City Hospital's pediatric ward and had lunch at the Massachusetts Medical Society. Along the way, they met with parents, health care providers, and public health officials with whom they discussed the importance of preschool immunization.

EPI Update readers respond

EPI Update received about 30 responses from the readers of the first newsletter. In general, the style and format of the newsletter was received favorably, and the large variety of stories was appreciated.

Many of our readers indicated interest in the stories about raccoon-transmitted rabies and the hepatitis A outbreak in Norfolk County. Others liked the fact that we included information about the smaller outbreaks going on in the different regions. We appreciate the fact that you found this information useful and plan to continue covering other outbreaks in this same manner.

EPI Update plans to survey its readers regularly to assess how the Division of Epidemiology can best help those it serves. Meanwhile, comments or suggestions can be directed to regional staff or the main office (617) 522-3700 Ext. 420.

How to have a safe summer Prevention strategies highlighted

In New England, the pleasant weather of summer is usually anticipated as a break from the frigid winter and damp spring. When Memorial Day hits, many residents of Massachusetts start studying the calendar, looking for ways to maximize their time outside, enjoying the weather. By July, the season is in full swing with plenty of mid-week barbecues and weekend get-aways to the mountains or beaches.

Schools are closed, children are outside playing, and parents are planning vacations. The season can be a lot of fun, but it is not without its risks. More people are outside, so there tends to be increased exposure to zoonotic diseases such as rabies, eastern (equine) encephalitis (EE), and Lyme disease. People tend to cook outside more, leading to increased risk of the foodborne diseases accompanying improper food handling.

Surveillance figures support these concerns. In 1992, more than half of the human exposures to potentially rabid wildlife occurred between June and August and about half of all cases of campylobacteriosis and salmonellosis occurred between June and September. Historically, almost all cases of EE, which is transmitted by mosquitoes, have occurred during the summer season, and most cases of Lyme disease are acquired during summer.

To help boards of health and health care providers educate the populations they serve, we have dedicated page 5 of *EPI Update* to ways people can reduce the risks posed by these diseases. We would like our readers to use the page as a guide to educate those they serve. Feel free to copy and circulate the page, or to use it as a basis for your own educational materials. We appreciate your assistance in educating the public. Have a fun -- and healthy -- summer.

INSIDE HIGHLIGHTS

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Epidemiology News Briefs:

Labs asked to report *Escherichia coli* 0157:H7 and Hemolytic Uremic Syndrome

It is well known at this time, due to recent highly publicized outbreaks, that *E. coli* 0157:H7 infection and Hemolytic Uremic Syndrome (HUS) can be extremely serious and even fatal.

One of these outbreaks occurred recently in Massachusetts and laboratories are now being advised to screen all stools from patients with bloody diarrhea for this organism. Hospitals and laboratories are also requested to report both diseases to the Division of Epidemiology, MDPH, (617) 522-3700, Ext. 420 for further investigation.

The State Laboratory Institute will be sending reports of the isolation and identification of *E. Coli* 0157:H7 to local boards of health. These cases should be investigated using the new gastrointestinal case report form now being distributed. Specific risk factors associated with this infection include the consumption of undercooked beef products, raw milk and other unpasteurized products.

Providers asked to promote "Blue Books"

All children should receive the *Massachusetts Lifetime Health and Immunization Record* (Blue Book) when they receive the first dose of hepatitis B vaccine at birth. The Department of Public Health is urging providers to explain to parents that the child's immunization record is an important document that should be kept in a safe and convenient place. Parents should be told to bring the immunization record to every health care visit, whether it is for acute or well-child care.

Providers are encouraged to take every opportunity to assess a child's immunization status and administer needed vaccines to help increase immunization levels among the preschool population. Emergency room visits for minor illnesses and specialty care visits, for instance, could be opportunities to immunize children. This is only possible if the provider has access to the child's immunization record.

Children often change primary providers, making it difficult to determine a child's immunization status. Without documentation of immunizations, the child must be considered unimmunized and should receive all needed vaccines. Having the record available at health care visits will ensure that children do not receive unnecessary immunizations.

Parents should be made aware that documentation of immunizations is required for entry into day care and kindergarten, and is requested at WIC visits. Having the original immunization record on hand can save the time and cost of obtaining a duplicate record or additional vaccines.

Polio outbreak bridges Atlantic to Canada Health officials urged to promote vaccination

In May 1993, the MIP was notified that there has been a recent outbreak of polio among members of an unvaccinated religious community in the Netherlands and that polio virus has been found in an affiliated, unvaccinated, religious community in Canada.

The MIP recommends that all healthy children less than 18 years of age who are not fully vaccinated should begin or complete their primary 3 dose series of oral polio vaccine (OPV).

Healthy unvaccinated individuals, of any age, residing in communities with philosophic or religious objection to vaccinations are at greatest risk for contracting polio. Therefore, a primary 3-dose series of OPV is recommended in these communities for all unvaccinated persons, including those 18 years of age and older.

If you have any questions, please contact your local epidemiologist at the Regional Health Office or the Immunization Program at the Massachusetts Department of Public Health (617) 522-3700 Ext. 420.

Adult immunization reminder

This year, we hope to immunize more adults with influenza, pneumococcal and Td vaccines. All health care providers should assess the immunization status of their adult patients using the following guidelines: influenza vaccine should be given yearly to those over 65 years of age, pneumococcal vaccine should be given to those who have never been vaccinated and a Td booster should be given every ten years. These recommendations may change with high-risk patients. Influenza and Td vaccines can be ordered through your local board of health. Additional information on purchasing pneumococcal vaccine can be obtained through your regional immunization epidemiologist.

Vaccines at 15 and 18 months combined

Department of Public Health officials are now recommending that the doses of vaccines formerly given at 15 months (MMR-1, Hib-4) and 18 months (DTP-4, Polio-3) now be given at 15 months. The recommendation went into effect in the spring and appears on the April version of the Guidelines of the Immunization Program.

The Massachusetts Immunization Program recommends that the four vaccines be given at the same time to reduce the risk of missed opportunities. Health officials have found that simultaneous administration of all doses of vaccine for which a child is eligible can increase immunization coverage rates by 9 to 17%.

REGIONAL IMMUNIZATION Updates

Boston News: Vaccine-preventable disease morbidity

Regional Epidemiologist: Nancy Harrington (617) 534-5609

The Boston regional update for this quarter will deal with vaccine-preventable disease morbidity.

In 1992, no cases of tetanus, diphtheria, polio, or rubella were reported to the Boston Immunization Program. One suspect case of mumps in a vaccinated child was reported, but was not serologically confirmed. Eight cases of pertussis were reported in patients ranging from one month to 58 years of age; seven cases were laboratory confirmed, with one additional case being epidemiologically linked to a confirmed case.

Five cases of measles were serologically confirmed in Boston residents. One case occurred in an unvaccinated 3½ year old who was exposed in a foreign country, two cases occurred in young teens who received measles vaccine at 12 months of age, and two cases were in adults (25 years and 32 years), who had no vaccination history.

Three of the measles cases were in members of a large, extended family and resulted in exposures at three Boston hospitals, two neighborhood health centers, two correctional facilities and one homeless shelter. No additional cases resulted from these exposures. To date in 1993, Boston has reported five cases of pertussis and one case of measles.

Providers are asked to report suspect or real cases of vaccine-preventable diseases to the regional epidemiologist (for Boston - 534-5609 or 534-5611) as soon as possible. The epidemiologist will work with you to help prevent further spread of the disease(s). Copies of the Department of Public Health's guidelines for control of vaccine-preventable diseases are available through the Boston Immunization Program.

Metro News: Pertussis cases seen in adolescents and adults

Regional Epidemiologist: Lisa Berger, M.P.H.

Regional Nurse: Jean Franzini, R.N.

(617) 522-3700 Ext. 420

I have seen a number of pertussis cases among adolescents and adults in the past few months. Typically, the cough onset has been months before we were notified and too late to implement control measures. This serves as a reminder that we should continually consider pertussis as an alternative diagnosis for any prolonged cough in adolescents and adults. Although this disease is relatively benign in older populations, infected adults and adolescents risk exposing young babies, in whom pertussis can be a life-threatening disease. Please refer to the Pertussis Alert dated January, 1993 for more information about the disease, diagnosis and treatment of pertussis. These may be obtained from your local board of health or from my office at the Department of Public Health.

Northeast News: Immunization presentations scheduled

Regional Epidemiologist: Karen Ogden, R.N.

Regional Nurse: Bertha Hopper, R.N.

(508) 851-7261 X39 & 40

Many northeast regional health providers have requested in-service programs on the Standards for Pediatric Immunization Practices (SPIP). This presentation is scheduled the Melrose-Wakefield Hospital on July 14 and at the Haverhill VNA on July 15. The program is available by contacting the Northeast Regional Health Office Immunization Program. The program presents the 18 standards and discusses ways they can be implemented to improve immunization rates. Other presentations are available at your request.

We want to extend our thanks to all participants of National Preschool Immunization Week, especially those providers who have added immunizations to their services.

In the first five months of 1993, five cases of pertussis were reported from the northeast region -- one in a one-month-old, three in youngsters who were 15 years old, and one case in a 30-year-old.

REGIONAL IMMUNIZATION Updates

Southeast News: Immunization presentation available

Regional Epi.: Joan Thompson-Allen, R.N.

Nurses: Toni Borges, R.N. & Maureen Hunger, R.N. (508) 947-1231

A slide presentation on removing barriers to immunizations is now available in the southeast region. It offers health care providers and outreach workers with guidelines on how to increase access to immunization services in your clinics and communities. Please contact our office if you are interested in having us come to your health center or organization to show the presentation.

We also have free videos entitled "Before It's Too Late Vaccinate" and "Hep-B." These videos are excellent educational tools that encourage parents to immunize their children. We have been distributing these videos to maternity hospitals, pediatric hospitals and teen parenting programs. Please let us know if your organization would like any of these tapes.

We have received calls regarding the distribution of the newly licensed Tetraimmune, a combined DTP-Hib vaccine. The MDPH is not providing it at this time. The MDPH Biologic Lab is working on future manufacturing of the product.

Central News: Measles outbreak in Central Region

Regional Epidemiologist: Jack Bicknell

Regional Nurse: Margaret Regele, R.N. (508) 792-7880

During the month of April, four cases of measles occurred in unvaccinated children between the ages of 13 and 15 months. All were classmates in the same module of a child care center located in the northeast section of the Central Region. Three of the cases were laboratory confirmed, and one was epidemiologically linked to the others. This Child Care Center's staff and student population exceeded 300. All were required to show proof of immunity or be excluded from the center. Over 400 doses of vaccine were administered in an effort to control the spread of measles. In May, a third case was clinically diagnosed in a 9 month old who was exposed to the cases at the center. No further cases have been identified.

In other news:

Sporadic cases of pertussis continue to be seen in this region. Most cases have been in the northeastern part of this region with a few occurring in the Worcester area.

Providers from the Central Region met at the Regional Health Office in West Boylston on May 12, 1993 for an update of the Immunization Action Plan (IAP). Barriers to immunization and strategies to resolve these barriers were discussed.

Those in attendance felt that a quarterly round table meeting would be beneficial to keep them informed of IAP progress. If you are interested in attending, please contact Betty Regele at the central office at (508) 792-7706.

Western News: Pertussis cases in Western Mass.

Regional Epidemiologist: Marija Popstefanija, M.P.H.

Regional Nurse: Judith Coates, R.N. (413) 545-6600

During the past two months, there were four cases of pertussis in the Western Region. All four cases were in adolescents and young adults. Pertussis is more common than most people think in adolescents and adults and should be strongly considered when assessing prolonged coughing regardless of vaccination status.

We want to give our thanks to the continued efforts of local providers to increase access to immunization in Western Massachusetts. Because of them, more free immunization services are available.

In Holyoke, CEDE will continue clinics bi-weekly. Contact CEDE at (413) 532-8547 for times and locations.

The Holyoke Health Center offers routine walk-in clinics. You may contact them at (413) 536-8761 for information.

In Springfield, multiple sites are offering free immunizations, including: Neighborhood Health Center, 734-3710; Pediatric Clinic (Wesson Memorial Hospital), 784-2515; Brightwood/Riverview Health Center, 784-4458; and Springfield Health Department, 787-6736. Contact any of these locations for more information.

All persons picking up vaccines at MDPH Immunization Office in Amherst are reminded to bring a cooler with several cold packs to prevent waste or loss of potency of the vaccine. Please call ahead to arrange a time for vaccine pick-up. Hours for distribution are 9 a.m. to noon and 1 to 4 p.m., Monday to Friday.

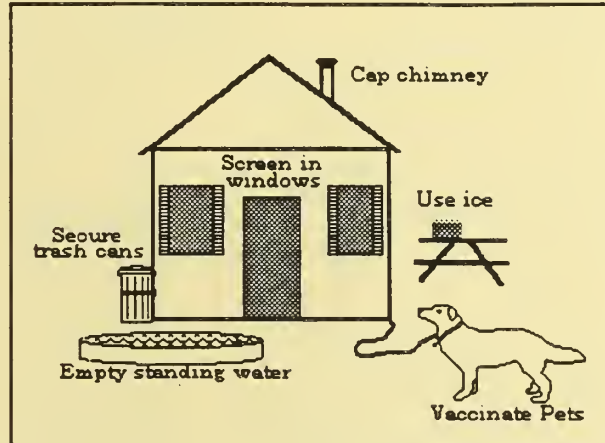
Reduce Summer Risks

Rabies

Teach children to avoid wildlife and strays

As raccoon rabies continues to spread throughout Massachusetts, the risk of rabies to people and pets continues to rise. Children are at particular risk because they are more likely to be bitten by animals, and the bites they receive are generally more severe, often involving the face and hands. Also, children are less accurate reporters of their own exposures to animals. To reduce their risk of rabies:

- ▶ Have domestic animals vaccinated. Feed pets inside. Do not allow pets to roam free.
- ▶ Avoid strays and wild animals. Don't feed unknown animals
- ▶ Wear gloves while handling pets that have been wounded by other animals.
- ▶ Secure trash cans and cap your chimney so animals cannot get into them.



Lyme Disease

Watch out for ticks

From now until early autumn, the chances of infection with Lyme disease are greatest. Lyme disease is caused by a bacteria that is spread by tiny ticks. In Massachusetts, the disease is most common in the coastal areas, islands, and the Connecticut River Valley. To minimize your risk of contracting Lyme disease, avoid walking barelegged in tall grass, woods, or dunes. In addition, take the following precautions:

- ▶ Wear a long-sleeved shirt, long pants tucked into socks, and sneakers if you walk in an area where ticks live. Light-colored clothing will help you spot ticks.
- ▶ Use insect repellents containing "DEET" on your skin and ones containing permethrin on clothes. Make sure to read the label before using any repellent.
- ▶ Check for ticks after spending time outdoors. Ticks that carry Lyme disease are tiny, so look for new "freckles."
- ▶ Remove a tick by gripping its body firmly with a pair of tweezers and pulling it straight out.
- ▶ Know the symptoms of Lyme disease. If you develop symptoms - especially if you get a donut-shaped rash - see a doctor right away.

Eastern Encephalitis

Avoid mosquitoes

Mosquitoes require water to reproduce, so there tend to be greater numbers of them in wet, swampy areas. This is why Eastern (Equine) Encephalitis, a rare but often fatal, disease transmitted by mosquitoes, is usually seen in southeastern Massachusetts. The number one way to reduce the risk of EE is to avoid swampy areas during the mosquito feeding times of dusk and dawn. Other tips include:

- ▶ Wear long-sleeved shirts and long pants if you will be in an area populated by mosquitoes.
- ▶ Keep screens on your house well maintained.
- ▶ Prevent standing water on your property.
- ▶ Use a DEET-containing mosquito repellent and apply sparingly. Read instructions carefully and do not use on infants.

Foodborne

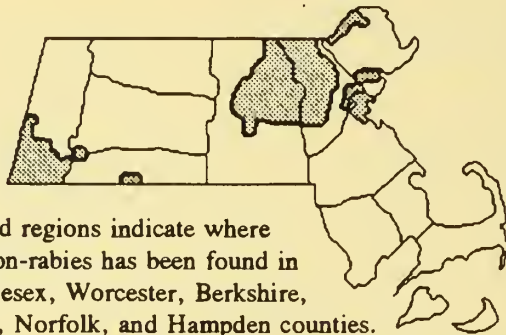
Store it cold, cook it hot!

Foodborne illness is a preventable disease, yet it still affects thousands of people every year. Last year in Massachusetts alone nearly 4,000 people were afflicted with either campylobacteriosis or salmonellosis. The majority of cases were reported during the summer months of June to September. By following the guidelines below, we should all be able to remain well fed and foodborne illness free!

- ▶ Do not prepare food if you are ill.
- ▶ Wash hands prior to food preparation. Wash and sanitize equipment between preparing raw and cooked foods.
- ▶ Prepare foods close to serving time, cooking hot foods thoroughly and using pre-chilled ingredients for cold dishes.
- ▶ After barbecuing, discard any leftover marinades or sauces, and wash all dishes and utensils used on raw foods.
- ▶ Use appropriate equipment to keep hot foods hot and cold foods cold.
- ▶ Use extreme care when harvesting shellfish for human consumption. For current recorded advisories on unsafe shellfish harvesting areas, call (508) 465-5947.

Educational Material Update

Raccoon Rabies in Massachusetts



Shaded regions indicate where raccoon-rabies has been found in Middlesex, Worcester, Berkshire, Essex, Norfolk, and Hampden counties. To date, more than 250 rabid animals have been found, including raccoons, skunks, woodchucks, cats and foxes.

New educational material available through the Division of Epidemiology includes:

- Td VIP. This VIP can be used in place of the DTP VIP for those receiving just Td.
- Spanish Risk of Rabies pamphlet. This pamphlet is a translation of the English version designed for Spanish-speaking people.
- Hepatitis A fact sheet. This is a clarified, updated version of the original fact sheet to be used with providers and the general public.
- Rabies computer slideshows. Slideshows on prevention and control of rabies in both humans and animals are available for loan for display on your computer.

Please stay in contact with regional and central staff for information on new material.

EPI Update

State Laboratory Institute
305 South St. — 5th Floor
Boston, MA 02130

Mail To:

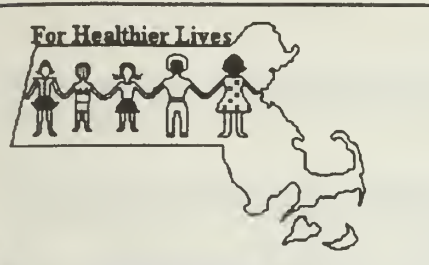
You Be The EPI

A call comes in to your health department from an adjoining town reporting a case of salmonellosis in one of its residents. The person claims to have gotten ill from eating in a restaurant located in your town. Two days later, you get a report from the State Lab of salmonellosis in two of your residents. Investigation reveals that they had eaten together at the restaurant the same night as the first case. The next day the Massachusetts Department of Public Health calls because an epidemiologist not only noticed the cluster, but has also found a fourth case that ate at the restaurant a week before the other three and a fifth case who is a foodhandler at the restaurant. The foodhandler started feeling ill a week after the first three cases. He claims to have eaten nothing from the restaurant. The other four all had the chicken pot pie. All were diagnosed with the same type of salmonella over a three week period. What should you do? You be the Epi.

Analysis

Five cases of salmonella over a three week period in one restaurant is cause for some concern. One must view with skepticism a report of a foodhandler never eating food from his place of employment. Therefore, he must be considered part of the cluster. There are a few things that should be done in this particular circumstance. A complete inspection of the restaurant should be carried out by the board of health, preferably while a meal is being prepared. Time should be set aside to perform a HACCP (Hazard Analysis Critical Control Point) investigation of the chicken pot pie. At the same time a stool survey should be conducted among the foodhandlers. These clusters should be investigated aggressively and the three suggested steps should help to pinpoint the problem.

Nov 2 1996

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Massachusetts Department of Public Health

EPI Update

Newsletter of the Bureau of Communicable Disease

Volume 2

Issue 1

January, 1994

Meningococcal meningitis cases rise in winter Health care professionals warned to be on lookout

Meningitis is an infection of the membranes that surround the brain and spinal cord. One serious type of meningitis is caused by the bacteria *Neisseria meningitidis* and is known as meningococcal meningitis. This disease occurs mainly in the winter and early spring. While rare, it is the most common cause of meningitis in young adults.

Stop-spread information for schools

- Immediately notify parents and health authorities
- Ask significantly exposed staff and students to contact their health providers
- Require prophylaxis of close contacts
- Make it known that prophylaxis does not give total protection against the disease. Anyone who develops symptoms such as fever or headache requires quick evaluation by a health care provider.

Symptoms may appear suddenly and often include high fever, severe headache, stiff neck, nausea and vomiting. People with meningitis need immediate medical treatment.

About 5-20% of people can "carry" *Neisseria meningitidis* in their noses and throats without

being sick. Both sick people and "carriers," however, can pass the bacteria to others. When a case of meningococcal meningitis is diagnosed, close contacts of the sick person should take an oral medicine called rifampin to lower the risk of the spread of this disease.

Close contacts include household members and friends who share eating and drinking utensils. Kissing and sharing water bottles would also be considered close contact and could spread the disease.

The best way to prevent spread of this disease is through prompt notification to the proper health authorities. Due to the seriousness of this illness, there is often a great deal of concern in the community. Providing information about the number of cases, the symptoms, and recommended precautions often allays fears.

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Pertussis outbreak in hospital highlights need for awareness of disease in adults

A hospital-based outbreak of pertussis among employees, which led to transmission of disease to newborns, highlights the need for health care providers to suspect pertussis in anyone who is experiencing prolonged cough illness.

Epidemiologic data indicates very high attack rates of pertussis in adolescents and adults, which accounts for 60 to 70% of cases reported in Massachusetts. While pertussis seldom poses a serious threat to adults, they can transmit the disease to the more vulnerable younger age groups.

Vaccine-induced immunity wanes about 12 years after the last dose of DTP, usually given at school entry, leaving adolescents and adults susceptible to pertussis. Some studies have shown that 25% of young adults with persistent cough illness have pertussis, a trend that will continue until a vaccine for adults is developed.

In Massachusetts, we've had sporadic cases of pertussis reported in health care providers, usually occurring after exposure to patients with pertussis. Until this fall, we had not had health care facility-based outbreaks reported.

To date, there have been seven serologically confirmed cases in staff members employed on the maternity and surgical units. The first confirmed case in a staff member was diagnosed in early October, with a cough onset of August 12 and an eight week history of coughing. The last date of cough onset was November 22, and appears linked to a case in the community.

Three cases of pertussis in infants have been linked to the hospital. Two newborns had culture-confirmed pertussis, and a third infant was hospitalized with a clinical diagnosis of pertussis. All three had been in the hospital in August.

Onset of cough illness in the three occurred in September. Investigation and control measures at the hospital were initiated October 27 after the first positive result was reported. More than 550 employees received erythromycin prophylaxis and more than 80 employees with cough illness were identified and excluded from work until completion of five days of antibiotic prophylaxis.

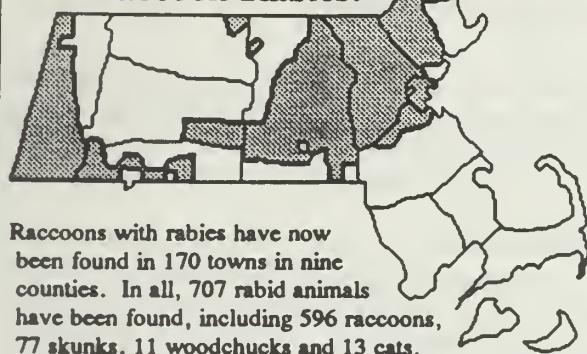
This outbreak provides evidence of nosocomial transmission of pertussis among staff and their patients. In this outbreak, infants, who are at highest risk for complications, were involved.

Health care providers must recognize that adolescents and adults can contract pertussis and act as a reservoir for transmission to unimmunized and underimmunized infants and young children. Age-appropriate immunizations will help limit the occurrence of disease in young children, but waning immunity leaves adolescents and adults susceptible.

Recent trends in pertussis morbidity and this hospital outbreak indicate that pertussis must be considered in the differential diagnosis for all who present with prolonged cough illness.

Epidemiology Update

Raccoon Rabies:



Guidelines for pet vaccination set by DFA

Massachusetts is experiencing an epizootic of rabies in wild animals, primarily raccoons. Because of the threat this poses to pets, the Massachusetts Department of Food and Agriculture has developed guidelines for pet owners to minimize the risk of transmission to dogs and cats. The new guidelines are:

- All dogs and cats must receive a primary series of two rabies vaccinations 9 to 12 months apart. Dogs and cats are considered protected 30 days after the first vaccination. The second dose completes the primary series and gives long-term immunity to the animal. The veterinarian will advise as to the duration of the second vaccination's protection.
- Animals whose first two rabies vaccinations either cannot be documented or were more than 12 months apart are considered protected from rabies for only one year from the most recent vaccination. Owners must keep all vaccination certificates issued by their veterinarian. If the pet is exposed to a rabid or suspect rabid animal, the owner must prove the pet's vaccination status.
- Animals that have received their primary series, but have gone beyond the expiration date of their last vaccination, may be re-vaccinated at any time if they have had no exposure to a rabid or suspect rabid animal. This vaccination will impart long-term immunity, based on the manufacturer's instructions.
- Currently vaccinated animals bitten, scratched, or in direct contact with a rabid or suspect rabid animal should be re-vaccinated immediately unless they were vaccinated within 30 days prior to the contact. The animal will then be placed in a strict confinement quarantine for 3 months.
- Unvaccinated animals, which includes animals that have gone beyond the expiration date of their last vaccination, should be euthanized in the event that they are bitten, scratched or have direct contact with a rabid or suspect rabid animal. Owners unwilling to do so must follow the quarantine instructions as specified by the animal inspector in their city or town.

Epidemiology news briefs

● Guidelines for rabies testing submissions

The laboratory has seen an increase in inappropriate domestic animal submissions. A domestic animal should be submitted when it displays symptoms consistent with rabies. If a human has been bitten by a dog or cat, the Rabies Compendium recommends quarantine of the animal for ten days to observe it for signs of rabies. This quarantine period is recommended for vaccinated and unvaccinated animals.

If signs suggestive of rabies develop, the animal should be submitted for testing immediately. If the animal does not develop signs of rabies within this time period, it is highly unlikely that it was capable of transmitting virus and prophylaxis is not recommended. Under certain very specific circumstances, dogs or cats that bite humans may also be submitted immediately, such as when an unprovoked bite to the head or neck occurs, or if the animal is a stray. These cases will be handled individually.

● MVMA distributes rabies curriculum

The Massachusetts Veterinary Medical Association, with the financial support of SmithKline Beecham, has distributed a rabies awareness curriculum to the superintendents of public schools throughout the state.

This program, which was developed by the New Jersey Department of Public Health, contains activity books, teachers guides, and videotapes about rabies. Teachers and school nurses can use the materials in conjunction with the educational materials distributed in 1992 by the Massachusetts Department of Public Health.

Additional materials, now being designed and developed cooperatively by the MDPH and the Division of Fisheries and Wildlife, will be available to schools by early spring.

● DPH plans prevention conference in January

The Department of Public Health's Prevention Work Group has scheduled a conference Jan. 19 at the Royal Plaza Hotel, in Marlboro, to promote primary prevention approaches and initiate mobilization of a broad-based constituency for prevention in Massachusetts.

The conference organizers hope to attract 500 participants, including community prevention coalition leaders, community-based agencies, schools, hospitals, local health officials, state agencies, and youth leaders.

The agenda will include interactive forums and workshops to give participants the opportunity to learn more about the theoretical foundation of prevention and relate it to their own prevention work in their communities.

For more information about the conference, contact AdCare Educational Institute, which is helping with organization, at (508) 752-7313

TB Update

Current TB treatment guidelines

Revised ATS/CDC guidelines for TB treatment are forthcoming, so that detailed recommendations prior to their appearance would be inappropriate. However, certain principles that are unlikely to change with the new revision are as follows:

- Four drugs (INH, RIF, PZA, and EMB) are recommended for the initial treatment of all TB cases in Massachusetts - unless there is reason to suspect MDR TB in which case additional drugs should be considered. Consultation on such cases is welcome. This regimen allows complete treatment in 6 months which is both highly effective treatment and cost-effective from a programmatic perspective. Exceptions to the four drug regimen might be cases where drug-susceptibility and adherence are fairly certain and cases where it is necessary to use as few potentially hepatotoxic drugs as possible.

For very sick patients with extensive TB, streptomycin is usually used instead of or in addition to EMB.

- Whenever possible the combination of INH and RIF (Rifamate) should be used. A fixed combination of INH, RIF, and PZA (Rifater) will soon be available in the U.S.

- In most instances, INH, RIF, and PZA (or EMB) are used in treating children.

- In pregnancy, INH, RIF, EMB are considered safe.

- For patients with HIV infection, 9 months treatment is currently recommended with the same regimen, but it is expected that this will be changed to 6 months - as with non-HIV infected persons.

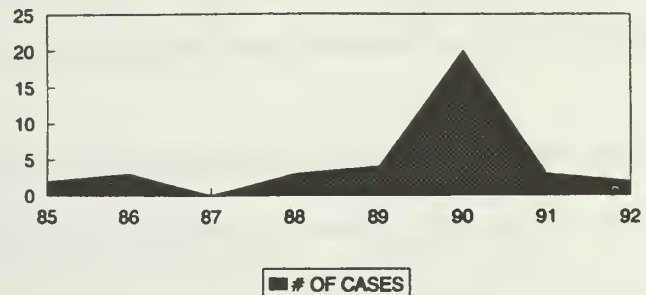
- Preventive treatment remains 6 months of INH, with RIF as an option for INH resistance or intolerance. Prevention for MDR is beyond the scope of this article, but has been reviewed in MMWR (6/19/92).

- Twice-weekly, fully supervised therapy (directly observed therapy - DOT) should be considered for all cases, and implemented in any case where non-adherence is suspected or demonstrated. Therapy can be supervised by nurses, outreach workers, selected family members, or other willing and able members of the community. The decision to use DOT is usually that of the local public health nurse in consultation with the treating physician.

- Retreatment of failed therapy should always include at least two new drugs. Again, consultation on retreatment cases is available through this office at (617) 522-3700 Ext. 450.

- A TB case (or suspect) can be reported twenty four hours a day by calling 1-800-446-5528.

Massachusetts Tuberculosis Cases
In Correctional Facilities
1985-1992



MDPH DIVISION OF TB CONTROL

TB in Massachusetts correctional facilities

The incidence of tuberculosis cases in Massachusetts prisons historically has been very low. However, in 1990 there was a fivefold increase in the number of cases reported among prison inmates (from 4 to 20), with seven of the cases being reported from a single facility. As a result, all inmates at this facility were screened for TB infection. The screening revealed that 47.3% (104/220) were infected with TB, and more than half of those infected were recent converters. This rate which was higher than anticipated led to a massive screening effort statewide by the Department of Public Health and the Department of Corrections, involving TB skin testing of 8,000 inmates and 4,000 staff. The prevalence of TB infection for the inmates throughout the system was found to be 6.5% and for the staff 2.3%. All inmates were also tested with companion antigen skin tests to identify anergy levels; the anergy rate was less than one percent. The results of this screening effort was the development and implementation of a TB control plan in the state prison system and an increase in awareness of TB among both the inmates and the staff, particularly the health services staff.

Although the incidence of TB in prison facilities since 1990 has remained very low, prevention is imperative. To expand current TB prevention activities, a Prison Prevention Project has been launched. The TB Division is pleased to announce the appointment of Marilyn DeValle to coordinate this project. Marilyn has been with the TB Division since 1988 as an Outreach Worker in the Southeast region. In her new position she will act as a liaison between the TB Division and state and county correctional facilities, and will provide education and technical assistance to institution staff regarding surveillance and containment of TB.

REGIONAL IMMUNIZATION Updates

Southeast News: Immunizations picked as health indicator

Regional Epi.: Joan Thompson-Allen, R.N. Regional Nurse: Maureen Hunger, R.N. (508) 947-1231

Educational activities: The New Bedford Community Health Network Areas comprising New Bedford and eight other communities have chosen immunizations as their health care indicator and are moving forward with plans to do school-based immunization assessment.

Personnel matters: Joan Thompson-Allen, R.N. has accepted the position of Immunization Nurse and covers southeast Massachusetts from Braintree south to the Cape Cod Canal. Cape Cod is covered by Maureen Hunger, R.N.

The interviews for the epidemiology position are ongoing.

Northeast News: Pertussis in Northeast Region

Regional Epidemiologist: Karen Ogden, R.N. Regional Nurse: Bertha Hopper, R.N. (508) 851-7261

Epidemiology: Twenty-two cases of pertussis have been reported since October. Of these cases, three have been culture confirmed and serologically confirmed. Cases have occurred in children 1 month old to adults 64 years old. One case occurred in an unvaccinated 9 year old. Please continue to submit cultures only in cases presenting with cough illness <2 weeks duration and serology in non-vaccinated children <11 year of age with >2 weeks cough duration or children and adults >11 years of age with >2 weeks cough history. All specimens should be sent to the State Laboratory Institute for testing.

Educational activities: Copies of "The Standards for Pediatric Practices" are available. The staff is available for inservices for providers regarding these standards, with one CEU awarded to nursing staff after each presentation.

A presentation on vaccine preventable diseases and outbreak control is also available. Please call the immunization nurse or epidemiologist to schedule a program.

Mark your calendars for the upcoming Northeast Regional Round Table meeting scheduled for March 4. It will be held in the conference room at the Northeast Regional Public Health Office from 1 to 2:30 pm. Anyone involved with childhood immunization services is encouraged to attend.

Boston News: Annual review of pertussis in Boston.

Regional Epidemiologist: Nancy Harrington (617) 534-5609

Epidemiology: Although Boston has not been experiencing the outbreaks of pertussis reported nationwide, 19 cases of pertussis have been confirmed in city residents so far in 1993. This is an increase from eight cases reported in 1992. Eleven of the cases were in infants less than five months old and who had received zero to two doses of DTP. Nine of these were hospitalized for at least five days.

Many of the infants had parents or family members who were coughing prior to the baby's illness. Several of the adults had been diagnosed with bronchitis. Other cases occurred in teens or older adults. Providers are reminded that immunity to pertussis wanes and to consider pertussis in patients with a prolonged cough.

Pertussis test kits are available from the State Laboratory, 617-522-3700, ext. 243. Please call our office for more information and a copy of the most recent Guidelines for the Control of Vaccine-Preventable Diseases.

Educational issues: The Boston Immunization Coalition and its outreach, service provider, and tracking committees continue meeting regularly. Please call Pat Tormey at (617) 534-5609 for dates of future meetings.

REGIONAL IMMUNIZATION Updates

Metro News: Sporadic cases of pertussis seen in region

Regional Epidemiologist: Lisa Berger, M.P.H.

Regional Nurse: Jean Franzini, R.N.

(617) 522-3700 Ext. 420

Epidemiology: There has been little morbidity in the Metro Region since the last newsletter. However, sporadic cases of pertussis in all age groups continue to be reported.

Educational activities: The Metro Region Round Table in October was informative and sparked discussion of immunization issues, tracking systems and outreach programs. The next regional Round Table will be April 14 from 1 to 3 pm at the State Laboratory Institute. Please plan to attend.

Practice-based assessments of immunization levels of two year olds have been ongoing, as well as Standards for Pediatric Immunization Practice presentations. Please contact our office to arrange presentations for your practice or agency.

Vaccine Issues: For those of you who have not submitted Influenza Vaccine Usage Report forms, we need them as soon as possible. Our ability to provide influenza vaccine for next season depends of our vaccine accountability for this year.

Central News: Pertussis cases in the region

Regional Epidemiologist: Jack Bicknell

Regional Nurse: Margaret Regele, R.N.

(508) 792-7880

Epidemiology: The Central Region is still experiencing cases of pertussis. In the last three months, we have had 20 reported cases. The majority of the cases have been in the < 1 year olds and the 10- to 19-year-old age groups. All cases were laboratory confirmed and the cases were scattered throughout the region.

Educational activities: Assessments of the immunization levels of 2 year olds in clinics and private practices continue to be done. We also continue to offer Standards for Pediatric Immunization Practices presentations to physicians and nurses in the region. A video, "Vaccine Administration Techniques," is available for inservices. Anyone interested in an immunization level assessment or Standards presentation, please contact this office.

The third Round Table Discussion about the Immunization Action Plan will be held February 11 at 10 am in the Regional Health Office. Physicians, nurses, and staff of area health care agencies are invited to attend. Please call for more information.

Vaccine issues: More than 60,000 doses of influenza vaccine were dispensed to area health care providers during the current flu season. A small quantity of influenza vaccine remains available at this office for area health care providers' high-risk patients.

Western News: Immunization presentations available

Regional Epidemiologist: Marija Popstefanija, M.P.H.

Regional Nurse: Judith Coates, R.N.

(413) 545-6600

Educational activities: Please contact us if you would like us to speak to your group on immunizations, vaccine-preventable diseases, the Standards for Pediatric Immunization Practices, hepatitis B for health care workers, or other related subjects.

Practice-based 2-year-old immunization assessments have been conducted in the region. Any practices who would like an assessment conducted at their site should contact us.

Please remember that our office has numerous fact sheets available on vaccine-preventable diseases, consent forms in foreign languages, and other immunization materials.

Vaccine issues: As the winter season is here, please ensure vaccines are properly transported to your facility. Don't put coolers in car trunks for a long time. If possible, they should be put in the back seat. Temperatures below freezing may cause vaccines (except polio, which is kept frozen) to freeze in the coolers if placed in a trunk.

During the fall, 71,770 doses of influenza vaccine were distributed to boards of health, health centers, physicians and senior citizens in western Massachusetts.

Please let our office know if you were not able to provide flu vaccine to all of your high-risk patients or senior citizens. This will help us plan for the vaccine needed next year.

STD Update

Canadian health department to study Massachusetts model of partner notification

The Montreal Health Department is interested in expanding the range of disease intervention services which they offer. Montreal is especially interested in developing a Partner Notification program and they have requested an opportunity to study and observe partner notification in Massachusetts. This project should begin in February of 1994.

Our STD Control Division offers partner notification services to anyone exposed to certain STDs, including HIV. Partner notification ensures that an individual exposed to an STD understands their risk of infection. However the decision to test is still left up to the individual.

In Massachusetts, Partner Notification is voluntary and is performed on either an anonymous or confidential basis. Notification of partners is always done on a person-to-person basis, and never

over the telephone. The person who has given us the name of their partner is NEVER acknowledged or described in any way. In addition the staff person conducting the interviews of the infected individual and their partner are often different people. In the case of HIV, since we advise those being notified only that exposure may have occurred at some time within the past ten years or so, it is most often impossible for the person being informed to know when they were exposed and therefore to know who may have exposed them. And finally, in HIV Partner Notification all records containing names are destroyed once the notification has been completed, further increasing confidentiality.

In the first nine months of 1993, the Massachusetts STD Division has been asked to notify 100 partners of HIV infected people. Of these, we were

able to locate 76 people. 54 (71%) were found to be HIV positive. While twelve of these individuals were already aware of their status, the rest were not. This means that 78.7% were unknowingly infected and were then able to enter into medical and psychosocial care. Persons who had been exposed but were not infected were provided with risk reduction education and counseling.

We urge all providers to offer this service to their clients and to discuss the importance of protecting partners from HIV and other STDs. The STD Division has trained counselors/epidemiologists located throughout the state. You can call our office if you have questions or concerns that you or your patient wish to discuss, an/or to arrange an appointment for your patient. Call us at 617-522-3700, x407 or 408.

STD Update conference draws over 400 participants

The Division of STD Control and the Massachusetts Medical Society held a one day conference on November 18 at the Colonial Hilton in Wakefield. More than 400 physicians, nurses and other professionals attended. The keynote speaker was Judith Wasserheit, Director of the Division of STD/HIV Prevention, Center for Preventive Services, CDC.

Dr. Wasserheit, along with a panel of experts, presented and discussed the recently released 1993 STD Treatment Guidelines. The audience then had the opportunity to direct questions to Dr. Wasserheit and the panel.

Other subjects presented at the conference included the epidemiology of STDs in Massachusetts, and clinical presentations on a number of STDs including syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, chlamydia, gc and HPV. In addition Maurice Melchiono, an expert in the area of teen health and STDs, presented on the social and behavioral factors in working with adolescents.

Copies of the Treatment Guidelines are available through this office. Please send a written request on letterhead, attention: Sylvie Ratelle. Videotapes of the conference will also be available. Please send a written request, attention: Christie Burke.

STD educational series to look at hepatitis B

The next session of the STD educational series will look at hepatitis B as a sexually transmitted disease on February 2. David Snyderman, M.D., an infectious disease specialist, is scheduled to speak. Registration is at 1 pm and the program will run from 1:30 to 2:45 pm at the State Laboratory Institute in Jamaica Plain. Registration is required. For more information, call Christie Burke, (617) 522-3700, Ext. 400.

Input sought for upcoming report women's health

The STD Division will be putting out a report on sexually transmitted diseases in women. If you have information you would like to submit, suggestions for content and/or if you would like to sit on our professional or community advisory groups, please write to the Division of STD Control, State Laboratory Institute, 305 South Street, 5th Floor, Jamaica Plain, Massachusetts, 02130, attention: Sylvie Ratelle.

Immunization Update

Pediatrician survey shows that awareness of Hep. B recommendations increases compliance

A survey conducted by the Hepatitis B Prevention Project (HBPP) in February found that pediatricians who were familiar with state regulations were more likely to comply with post-vaccination screening recommendations.

To prevent perinatal hepatitis B transmission, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) recommend that infants born to hepatitis B surface antigen (HBsAg)-positive women receive hepatitis B immune globulin and the first dose of the hepatitis B vaccine within 12 hours of birth, and then go on to complete their vaccine series. By 12 months, the infant should be tested for hepatitis B surface anti-body (anti-HBs) and HBsAg to determine the infant's status.

The HBPP sent surveys to 106 pediatricians and 92 (86.8%) were returned. Of those, 17 (18.5%) said infants had been screened for HBsAg and 19 (20.6%) for anti-HBs. None were positive for HBsAg and 95% were positive for anti-HBs.

Of the 73 pediatricians who didn't conduct testing, 62% were unaware of the recommendations. Others said that some infants, 18.3%, were lost to follow-up and weren't available for testing. Seven percent of infants had changed pediatricians before screening could have been done, and 8.5% of infants had been scheduled for testing after the survey.

Knowledge of the recommendations seemed to increase compliance. For example, seven of the 17 infants screened for HBsAg were screened after their pediatricians received the survey. Of the 19 infants screened for anti-HBs, nine were screened after their doctor received the survey. In addition to the 19 infants screened, another eight pediatricians said that they had scheduled follow-up appointments to screen their patients.

For a survey summary or a copy of the recommendations, contact the HBPP at (617) 522-3700, ext. 420.

Pharmacists indicate interest in health education

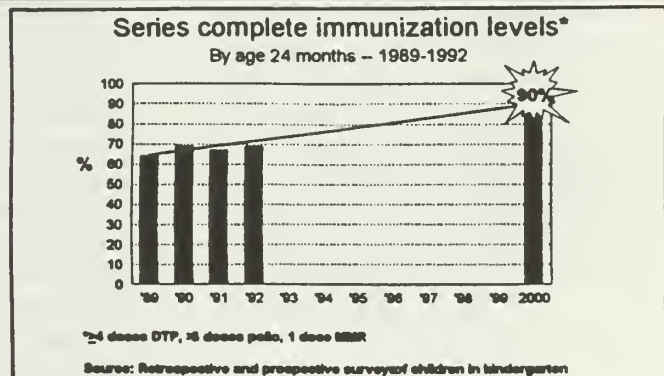
A survey conducted by the Massachusetts Immunization Program found that community-based pharmacies are interested in promoting health education in their town.

As part of National Preschool Immunization Week in April, the MIP sent Spanish immunization pamphlets and posters to about 170 pharmacies that served Hispanic communities in 15 cities and towns in Massachusetts. This population was selected because Hispanics have an increased risk of contracting measles.

The pharmacists were then surveyed about use of the materials. They were also asked whether pharmacists should play a role in health promotion in their community and whether they would be willing to distribute materials in the future.

After two mailings and telephone follow up, 97% of the pharmacies responded. Of those, 96% said pharmacists should promote health matters in their community, and 93% said they would be willing to display or distribute future materials.

These findings indicate that pharmacies are a good place to distribute educational materials to a specific community.



The 1992 immunization survey showed that 69% of two year olds in Massachusetts are immunized. While this is an increase from 1991, it still falls short of the Year 2000 goal of 90%.

Immunization news briefs

● Tetanus Alert!

Hyper-Tet, Tetanus Immune Globulin is in short supply. Miles Biological, the supplier of TIG, is attempting to keep up with the national demand. To help prevent tetanus, please evaluate all adult patients for tetanus and diphtheria. After completion of a primary vaccination series, booster doses of tetanus toxoid combined with diphtheria toxoid (as Td) are recommended every 10 years. Older persons are at greatest risk for tetanus because many have never been vaccinated with a primary series or booster doses of Td.

● Wallet-size shot records considered

The Massachusetts Immunization Program is considering using a wallet-size children's immunization record. The record now used is the "Blue Book" health and immunization record. Some think a smaller record would be more convenient for parents. We would like your thoughts on the switch. Send your comments to **EPI Update** at 305 South St., Boston, 02130, or call us at (617) 522-3700 Ext. 420.

● Paycheck immunization flyers available

The Massachusetts Immunization Program has developed a flyer promoting immunizations for use in paycheck envelopes. The MIP plans to distribute these as part of National Preschool Immunization Week, in April. If you think your company, or a company in the town you serve, would be interested in the flyers, please contact the MIP at (617) 522-3700 Ext. 420.

● Hepatitis B conference set for March

A conference on hepatitis B, sponsored by Insta-Care Health Care Services, will take place March 24 from 8:45 am until 4:30 pm at the Hyatt Regency in Cambridge. For more information, call Louisa Paushter, Coordinator of the Hepatitis B Prevention Project, at (617) 522-3700, x 420.

● CDC immunization course planned for July

The Centers for Disease Control and Prevention will host a course on vaccine-preventable diseases July 19 to 21. For information, call Pam Lutz, at (617) 522-3700 Ext. 420.

Educational materials available from the Bureau of Communicable Disease

Division of Epidemiology:

Pamphlets: The immunization pamphlets are available in small quantities in English and Spanish. A Portuguese version will be ready soon.

Hepatitis C fact sheet: A new hepatitis C fact sheet is available. It answers basic questions about the risks posed by the disease and talks about how it can be prevented and treated.

Contraindications booklet: A booklet designed by the Centers for Disease Control and Prevention that addresses valid and invalid contraindications to vaccination is available.

For information about educational materials, call us at (617) 522-3700 Ext. 420.

Tuberculosis control:

New Publications...

TB/HIV: The Connection - What the Health Care Worker Should Know (CDC 12/93). Originally printed in 1989, this revised booklet contains updated information on diagnosing, preventing, and managing tuberculosis in persons with HIV infection; anergy testing; contact investigating; MDR-TB, and preventing and treating TB in health care workers. For free copies of this booklet send a written request to TB Control, 305 South Street, Jamaica Plain, MA 02130 Attn: David DeBiasi.

A complete list of TB educational materials is available upon request. at (617) 522-3700 Ext. 450.

STD control:

Versions of our Sexually Transmitted Diseases Information and Assistance pamphlet, as well as our fact sheets on Syphilis, Gonorrhea, Chlamydia and Partner Notification, are now available in Spanish and Portuguese.

How Women can Protect Themselves from STD's will be available soon.

Fact sheets on Pelvic Inflammatory Disease, as well as the relationship of HPV and cervical cancer, will also be available in the near future.

Videotapes and audiotapes are also available.

To find out how to order, contact Christie Burke, Coordinator of Education, x 400.

EPI Update

State Laboratory Institute
305 South St. - 5th Floor
Boston, MA 02130

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A school nurse reports to your board of health that an elementary student has just presented to her physician with a fever of 102° F, cough, conjunctivitis, coryza and rash for four days. The doctor is making a presumptive diagnosis of measles. She also tells you the child was not immunized against measles for medical reasons and had just returned from Mexico. What do you do?

The vaccination status, travel history and presentation, indicates measles should be highly suspected. Because it is so infectious, control measures need to be implemented before serologic confirmation is obtained. Measles can be prevented in susceptible contacts if they're immunized within 72 hours of exposure.

Therefore, you need to act as if this is a confirmed case. The child should stay home for four days after the rash onset. If serologic confirmation hasn't been obtained, a specimen should be drawn day ≥ 3 of rash and sent to the State Laboratory Institute for IgM antibody testing. You also need to consider all who may have been exposed and whether they have proof of immunity. High risk and unimmunized contacts should be identified immediately. Susceptibles ≥ 12 months old without contraindications to MMR vaccine should be immunized immediately. IG can be given to those who cannot receive MMR. Finally, anyone without proof of immunity and not vaccinated within 72 hours of exposure should be excluded from public activities from days 5-18 after exposure. Remember, your regional immunization epidemiologist should be notified as soon as possible by phone or fax.

EPI Update

Newsletter of the Bureau of Communicable Disease

Volume 2

Issue 1

January, 1994



Meningococcal meningitis cases rise in winter Health care professionals warned to be on lookout

Meningitis is an infection of the membranes that surround the brain and spinal cord. One serious type of meningitis is caused by the bacteria *Neisseria meningitidis* and is known as meningococcal meningitis. This disease occurs mainly in the winter and early spring. While rare, it is the most common cause of meningitis in young adults.

Stop-spread information for schools

- Immediately notify parents and health authorities
- Ask significantly exposed staff and students to contact their health providers
- Require prophylaxis of close contacts
- Make it known that prophylaxis does not give total protection against the disease. Anyone who develops symptoms such as fever or headache requires quick evaluation by a health care provider.

Symptoms may appear suddenly and often include high fever, severe headache, stiff neck, nausea and vomiting. People with meningitis need immediate medical treatment.

About 5-20% of people can "carry" *Neisseria meningitidis* in their noses and throats without

being sick. Both sick people and "carriers," however, can pass the bacteria to others. When a case of meningococcal meningitis is diagnosed, close contacts of the sick person should take an oral medicine called rifampin to lower the risk of the spread of this disease.

Close contacts include household members and friends who share eating and drinking utensils. Kissing and sharing water bottles would also be considered close contact and could spread the disease.

The best way to prevent spread of this disease is through prompt notification to the proper health authorities. Due to the seriousness of this illness, there is often a great deal of concern in the community. Providing information about the number of cases, the symptoms, and recommended precautions often allays fears.

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Pertussis outbreak in hospital highlights need for awareness of disease in adults

A hospital-based outbreak of pertussis among employees, which led to transmission of disease to newborns, highlights the need for health care providers to suspect pertussis in anyone who is experiencing prolonged cough illness.

Epidemiologic data indicates very high attack rates of pertussis in adolescents and adults, which accounts for 60 to 70% of cases reported in Massachusetts. While pertussis seldom poses a serious threat to adults, they can transmit the disease to the more vulnerable younger age groups.

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Onset of cough illness in the three occurred in September. Investigation and control measures at the hospital were initiated October 27 after the first positive result was reported. More than 550 employees received erythromycin prophylaxis and more than 80 employees with cough illness were identified and excluded from work until completion of five days of antibiotic prophylaxis.

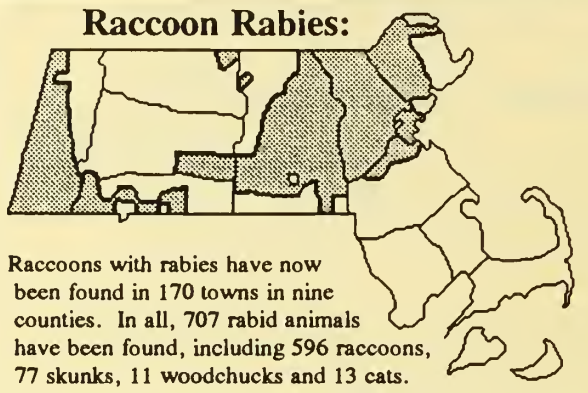
This outbreak provides evidence of nosocomial transmission of pertussis among staff and their patients. In this outbreak, infants, who are at highest risk for complications, were involved.

Health care providers must recognize that adolescents and adults can contract pertussis and act as a reservoir for transmission to unimmunized and underimmunized infants and young children. Age-appropriate immunizations will help limit the occurrence of disease in young children, but waning immunity leaves adolescents and adults susceptible.

Recent trends in pertussis morbidity and this hospital outbreak indicate that pertussis must be considered in the differential diagnosis for all who present with prolonged cough illness.

Epidemiology Update

Raccoon Rabies:



Raccoons with rabies have now been found in 170 towns in nine counties. In all, 707 rabid animals have been found, including 596 raccoons, 77 skunks, 11 woodchucks and 13 cats.

Guidelines for pet vaccination set by DFA

Massachusetts is experiencing an epizootic of rabies in wild animals, primarily raccoons. Because of the threat this poses to pets, the Massachusetts Department of Food and Agriculture has developed guidelines for pet owners to minimize the risk of transmission to dogs and cats. The new guidelines are:

- All dogs and cats must receive a primary series of two rabies vaccinations 9 to 12 months apart. Dogs and cats are considered protected 30 days after the first vaccination. The second dose completes the primary series and gives long-term immunity to the animal. The veterinarian will advise as to the duration of the second vaccination's protection.
- Animals whose first two rabies vaccinations either cannot be documented or were more than 12 months apart are considered protected from rabies for only one year from the most recent vaccination. Owners must keep all vaccination certificates issued by their veterinarian. If the pet is exposed to a rabid or suspect rabid animal, the owner must prove the pet's vaccination status.
- Animals that have received their primary series, but have gone beyond the expiration date of their last vaccination, may be re-vaccinated at any time if they have had no exposure to a rabid or suspect rabid animal. This vaccination will impart long-term immunity, based on the manufacturer's instructions.
- Currently vaccinated animals bitten, scratched, or in direct contact with a rabid or suspect rabid animal should be re-vaccinated immediately unless they were vaccinated within 30 days prior to the contact. The animal will then be placed in a strict confinement quarantine for 3 months.
- Unvaccinated animals, which includes animals that have gone beyond the expiration date of their last vaccination, should be euthanized in the event that they are bitten, scratched or have direct contact with a rabid or suspect rabid animal. Owners unwilling to do so must follow the quarantine instructions as specified by the animal inspector in their city or town.

Epidemiology news briefs

● Guidelines for rabies testing submissions

The laboratory has seen an increase in inappropriate domestic animal submissions. A domestic animal should be submitted when it displays symptoms consistent with rabies. If a human has been bitten by a dog or cat, the Rabies Compendium recommends quarantine of the animal for ten days to observe it for signs of rabies. This quarantine period is recommended for vaccinated and unvaccinated animals.

If signs suggestive of rabies develop, the animal should be submitted for testing immediately. If the animal does not develop signs of rabies within this time period, it is highly unlikely that it was capable of transmitting virus and prophylaxis is not recommended. Under certain very specific circumstances, dogs or cats that bite humans may also be submitted immediately, such as when an unprovoked bite to the head or neck occurs, or if the animal is a stray. These cases will be handled individually.

● MVMA distributes rabies curriculum

The Massachusetts Veterinary Medical Association, with the financial support of SmithKline Beecham, has distributed a rabies awareness curriculum to the superintendents of public schools throughout the state.

This program, which was developed by the New Jersey Department of Public Health, contains activity books, teachers guides, and videotapes about rabies. Teachers and school nurses can use the materials in conjunction with the educational materials distributed in 1992 by the Massachusetts Department of Public Health.

Additional materials, now being designed and developed cooperatively by the MDPH and the Division of Fisheries and Wildlife, will be available to schools by early spring.

● DPH plans prevention conference in January

The Department of Public Health's Prevention Work Group has scheduled a conference Jan. 19 at the Royal Plaza Hotel, in Marlboro, to promote primary prevention approaches and initiate mobilization of a broad-based constituency for prevention in Massachusetts.

The conference organizers hope to attract 500 participants, including community prevention coalition leaders, community-based agencies, schools, hospitals, local health officials, state agencies, and youth leaders.

The agenda will include interactive forums and workshops to give participants the opportunity to learn more about the theoretical foundation of prevention and relate it to their own prevention work in their communities.

For more information about the conference, contact AdCare Educational Institute, which is helping with organization, at (508) 752-7313

TB Update

Current TB treatment guidelines

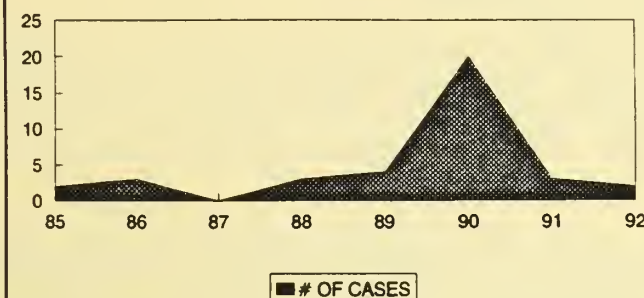
Revised ATS/CDC guidelines for TB treatment are forthcoming, so that detailed recommendations prior to their appearance would be inappropriate. However, certain principles that are unlikely to change with the new revision are as follows:

- Four drugs (INH, RIF, PZA, and EMB) are recommended for the initial treatment of all TB cases in Massachusetts - unless there is reason to suspect MDR TB in which case additional drugs should be considered. Consultation on such cases is welcome. This regimen allows complete treatment in 6 months which is both highly effective treatment and cost-effective from a programmatic perspective. Exceptions to the four drug regimen might be cases where drug-susceptibility and adherence are fairly certain and cases where it is necessary to use as few potentially hepatotoxic drugs as possible.

For very sick patients with extensive TB, streptomycin is usually used instead of or in addition to EMB.

- Whenever possible the combination of INH and RIF (Rifamate) should be used. A fixed combination of INH, RIF, and PZA (Rifater) will soon be available in the U.S.
- In most instances, INH, RIF, and PZA (or EMB) are used in treating children.
- In pregnancy, INH, RIF, EMB are considered safe.
- For patients with HIV infection, 9 months treatment is currently recommended with the same regimen, but it is expected that this will be changed to 6 months - as with non-HIV infected persons.
- Preventive treatment remains 6 months of INH, with RIF as an option for INH resistance or intolerance. Prevention for MDR is beyond the scope of this article, but has been reviewed in MMWR (6/19/92).
- Twice-weekly, fully supervised therapy (directly observed therapy - DOT) should be considered for all cases, and implemented in any case where non-adherence is suspected or demonstrated. Therapy can be supervised by nurses, outreach workers, selected family members, or other willing and able members of the community. The decision to use DOT is usually that of the local public health nurse in consultation with the treating physician.
- Retreatment of failed therapy should always include at least two new drugs. Again, consultation on retreatment cases is available through this office at (617) 522-3700 Ext. 450.
- A TB case (or suspect) can be reported twenty four hours a day by calling 1-800-446-5528.

Massachusetts Tuberculosis Cases
In Correctional Facilities
1985-1992



MDPH DIVISION OF TB CONTROL

TB in Massachusetts correctional facilities

The incidence of tuberculosis cases in Massachusetts prisons historically has been very low. However, in 1990 there was a fivefold increase in the number of cases reported among prison inmates (from 4 to 20), with seven of the cases being reported from a single facility. As a result, all inmates at this facility were screened for TB infection. The screening revealed that 47.3% (104/220) were infected with TB, and more than half of those infected were recent converters. This rate which was higher than anticipated led to a massive screening effort statewide by the Department of Public Health and the Department of Corrections, involving TB skin testing of 8,000 inmates and 4,000 staff. The prevalence of TB infection for the inmates throughout the system was found to be 6.5% and for the staff 2.3%. All inmates were also tested with companion antigen skin tests to identify anergy levels; the anergy rate was less than one percent. The results of this screening effort was the development and implementation of a TB control plan in the state prison system and an increase in awareness of TB among both the inmates and the staff, particularly the health services staff.

Although the incidence of TB in prison facilities since 1990 has remained very low, prevention is imperative. To expand current TB prevention activities, a Prison Prevention Project has been launched. The TB Division is pleased to announce the appointment of Marilyn DelValle to coordinate this project. Marilyn has been with the TB Division since 1988 as an Outreach Worker in the Southeast region. In her new position she will act as a liaison between the TB Division and state and county correctional facilities, and will provide education and technical assistance to institution staff regarding surveillance and containment of TB.

Marilyn can be contacted at (617) 522-3700, Ext. 326.

REGIONAL IMMUNIZATION Updates

Southeast News: Immunizations picked as health indicator

Regional Epi.: Joan Thompson-Allen, R.N.

Regional Nurse: Maureen Hunger, R.N. (508) 947-1231

Educational activities: The New Bedford Community Health Network Areas comprising New Bedford and eight other communities have chosen immunizations as their health care indicator and are moving forward with plans to do school-based immunization assessment.

Personnel matters: Joan Thompson-Allen, R.N. has accepted the position of Immunization Nurse and covers southeast Massachusetts from Braintree south to the Cape Cod Canal. Cape Cod is covered by Maureen Hunger, R.N.

The interviews for the epidemiology position are ongoing.

Northeast News: Pertussis in Northeast Region

Regional Epidemiologist: Karen Ogden, R.N.

Regional Nurse: Bertha Hopper, R.N.

(508) 851-7261

Epidemiology: Twenty-two cases of pertussis have been reported since October. Of these cases, three have been culture confirmed and serologically confirmed. Cases have occurred in children 1 month old to adults 64 years old. One case occurred in an unvaccinated 9 year old. Please continue to submit cultures only in cases presenting with cough illness <2 weeks duration and serology in non-vaccinated children <11 year of age with >2 weeks cough duration or children and adults >11 years of age with >2 weeks cough history. All specimens should be sent to the State Laboratory Institute for testing.

Educational activities: Copies of "The Standards for Pediatric Practices" are available. The staff is available for inservices for providers regarding these standards, with one CEU awarded to nursing staff after each presentation.

A presentation on vaccine preventable diseases and outbreak control is also available. Please call the immunization nurse or epidemiologist to schedule a program.

Mark your calendars for the upcoming Northeast Regional Round Table meeting scheduled for March 4. It will be held in the conference room at the Northeast Regional Public Health Office from 1 to 2:30 pm. Anyone involved with childhood immunization services is encouraged to attend.

Boston News: Annual review of pertussis in Boston.

Regional Epidemiologist: Nancy Harrington (617) 534-5609

Epidemiology: Although Boston has not been experiencing the outbreaks of pertussis reported nationwide, 19 cases of pertussis have been confirmed in city residents so far in 1993. This is an increase from eight cases reported in 1992. Eleven of the cases were in infants less than five months old and who had received zero to two doses of DTP. Nine of these were hospitalized for at least five days.

Many of the infants had parents or family members who were coughing prior to the baby's illness. Several of the adults had been diagnosed with bronchitis. Other cases occurred in teens or older adults. Providers are reminded that immunity to pertussis wanes and to consider pertussis in patients with a prolonged cough.

Pertussis test kits are available from the State Laboratory, 617-522-3700, ext. 243. Please call our office for more information and a copy of the most recent Guidelines for the Control of Vaccine-Preventable Diseases.

Educational issues: The Boston Immunization Coalition and its outreach, service provider, and tracking committees continue meeting regularly. Please call Pat Tormey at (617) 534-5609 for dates of future meetings.

REGIONAL IMMUNIZATION Updates

Metro News: Sporadic cases of pertussis seen in region

Regional Epidemiologist: Lisa Berger, M.P.H.

Regional Nurse: Jean Franzini, R.N.

(617) 522-3700 Ext. 420

Epidemiology: There has been little morbidity in the Metro Region since the last newsletter. However, sporadic cases of pertussis in all age groups continue to be reported.

Educational activities: The Metro Region Round Table in October was informative and sparked discussion of immunization issues, tracking systems and outreach programs. The next regional Round Table will be April 14 from 1 to 3 pm at the State Laboratory Institute. Please plan to attend.

Practice-based assessments of immunization levels of two year olds have been ongoing, as well as Standards for Pediatric Immunization Practice presentations. Please contact our office to arrange presentations for your practice or agency.

Vaccine Issues: For those of you who have not submitted Influenza Vaccine Usage Report forms, we need them as soon as possible. Our ability to provide influenza vaccine for next season depends of our vaccine accountability for this year.

Central News: Pertussis cases in the region

Regional Epidemiologist: Jack Bicknell

Regional Nurse: Margaret Regele, R.N.

(508) 792-7880

Epidemiology: The Central Region is still experiencing cases of pertussis. In the last three months, we have had 20 reported cases. The majority of the cases have been in the < 1 year olds and the 10- to 19-year-old age groups. All cases were laboratory confirmed and the cases were scattered throughout the region.

Educational activities: Assessments of the immunization levels of 2 year olds in clinics and private practices continue to be done. We also continue to offer Standards for Pediatric Immunization Practices presentations to physicians and nurses in the region. A video, "Vaccine Administration Techniques," is available for inservices. Anyone interested in an immunization level assessment or Standards presentation, please contact this office.

The third Round Table Discussion about the Immunization Action Plan will be held February 11 at 10 am in the Regional Health Office. Physicians, nurses, and staff of area health care agencies are invited to attend. Please call for more information.

Vaccine issues: More than 60,000 doses of influenza vaccine were dispensed to area health care providers during the current flu season. A small quantity of influenza vaccine remains available at this office for area health care providers' high-risk patients.

Western News: Immunization presentations available

Regional Epidemiologist: Marija Popstefanija, M.P.H.

Regional Nurse: Judith Coates, R.N.

(413) 545-6600

Educational activities: Please contact us if you would like us to speak to your group on immunizations, vaccine-preventable diseases, the Standards for Pediatric Immunization Practices, hepatitis B for health care workers, or other related subjects.

Practice-based 2-year-old immunization assessments have been conducted in the region. Any practices who would like an assessment conducted at their site should contact us.

Please remember that our office has numerous fact sheets available on vaccine-preventable diseases, consent forms in foreign languages, and other immunization materials.

Vaccine issues: As the winter season is here, please ensure vaccines are properly transported to your facility. Don't put coolers in car trunks for a long time. If possible, they should be put in the back seat. Temperatures below freezing may cause vaccines (except polio, which is kept frozen) to freeze in the coolers if placed in a trunk.

During the fall, 71,770 doses of influenza vaccine were distributed to boards of health, health centers, physicians and senior citizens in western Massachusetts.

Please let our office know if you were not able to provide flu vaccine to all of your high-risk patients or senior citizens. This will help us plan for the vaccine needed next year.

STD Update

Canadian health department to study Massachusetts model of partner notification

The Montreal Health Department is interested in expanding the range of disease intervention services which they offer. Montreal is especially interested in developing a Partner Notification program and they have requested an opportunity to study and observe partner notification in Massachusetts. This project should begin in February of 1994.

Our STD Control Division offers partner notification services to anyone exposed to certain STDs, including HIV. Partner notification ensures that an individual exposed to an STD understands their risk of infection. However the decision to test is still left up to the individual.

In Massachusetts, Partner Notification is voluntary and is performed on either an anonymous or confidential basis. Notification of partners is always done on a person-to-person basis, and never

over the telephone. The person who has given us the name of their partner is NEVER acknowledged or described in any way. In addition the staff person conducting the interviews of the infected individual and their partner are often different people. In the case of HIV, since we advise those being notified only that exposure may have occurred at some time within the past ten years or so, it is most often impossible for the person being informed to know when they were exposed and therefore to know who may have exposed them. And finally, in HIV Partner Notification all records containing names are destroyed once the notification has been completed, further increasing confidentiality.

In the first nine months of 1993, the Massachusetts STD Division has been asked to notify 100 partners of HIV infected people. Of these, we were

able to locate 76 people. 54 (71%) were found to be HIV positive. While twelve of these individuals were already aware of their status, the rest were not. This means that 78.7% were unknowingly infected and were then able to enter into medical and psychosocial care. Persons who had been exposed but were not infected were provided with risk reduction education and counseling.

We urge all providers to offer this service to their clients and to discuss the importance of protecting partners from HIV and other STDs. The STD Division has trained counselors/epidemiologists located throughout the state. You can call our office if you have questions or concerns that you or your patient wish to discuss, an/or to arrange an appointment for your patient. Call us at 617-522-3700, x407 or 408.

STD Update conference draws over 400 participants

The Division of STD Control and the Massachusetts Medical Society held a one day conference on November 18 at the Colonial Hilton in Wakefield. More than 400 physicians, nurses and other professionals attended. The keynote speaker was Judith Wasserheit, Director of the Division of STD/HIV Prevention, Center for Preventive Services, CDC.

Dr. Wasserheit, along with a panel of experts, presented and discussed the recently released 1993 STD Treatment Guidelines. The audience then had the opportunity to direct questions to Dr. Wasserheit and the panel.

Other subjects presented at the conference included the epidemiology of STDs in Massachusetts, and clinical presentations on a number of STDs including syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, chlamydia, gc and HPV. In addition Maurice Melchiono, an expert in the area of teen health and STDs, presented on the social and behavioral factors in working with adolescents.

Copies of the Treatment Guidelines are available through this office. Please send a written request on letterhead, attention: Sylvie Ratelle. Videotapes of the conference will also be available. Please send a written request, attention: Christie Burke.

STD educational series to look at hepatitis B

The next session of the STD educational series will look at hepatitis B as a sexually transmitted disease on February 2. David Snyderman, M.D., an infectious disease specialist, is scheduled to speak. Registration is at 1 pm and the program will run from 1:30 to 2:45 pm at the State Laboratory Institute in Jamaica Plain. Registration is required. For more information, call Christie Burke, (617) 522-3700, Ext. 400.

Input sought for upcoming report women's health

The STD Division will be putting out a report on sexually transmitted diseases in women. If you have information you would like to submit, suggestions for content and/or if you would like to sit on our professional or community advisory groups, please write to the Division of STD Control, State Laboratory Institute, 305 South Street, 5th Floor, Jamaica Plain, Massachusetts, 02130, attention: Sylvie Ratelle.

Immunization Update

Pediatrician survey shows that awareness of Hep. B recommendations increases compliance

A survey conducted by the Hepatitis B Prevention Project (HBPP) in February found that pediatricians who were familiar with state regulations were more likely to comply with post-vaccination screening recommendations.

To prevent perinatal hepatitis B transmission, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) recommend that infants born to hepatitis B surface antigen (HBsAg)-positive women receive hepatitis B immune globulin and the first dose of the hepatitis B vaccine within 12 hours of birth, and then go on to complete their vaccine series. By 12 months, the infant should be tested for hepatitis B surface anti-body (anti-HBs) and HBsAg to determine the infant's status.

The HBPP sent surveys to 106 pediatricians and 92 (86.8%) were returned. Of those, 17 (18.5%) said infants had been screened for HBsAg and 19 (20.6%) for anti-HBs. None were positive for HBsAg and 95% were positive for anti-HBs.

Of the 73 pediatricians who didn't conduct testing, 62% were unaware of the recommendations. Others said that some infants, 18.3%, were lost to follow-up and weren't available for testing. Seven percent of infants had changed pediatricians before screening could have been done, and 8.5% of infants had been scheduled for testing after the survey.

Knowledge of the recommendations seemed to increase compliance. For example, seven of the 17 infants screened for HBsAg were screened after their pediatricians received the survey. Of the 19 infants screened for anti-HBs, nine were screened after their doctor received the survey. In addition to the 19 infants screened, another eight pediatricians said that they had scheduled follow-up appointments to screen their patients.

For a survey summary or a copy of the recommendations, contact the HBPP at (617) 522-3700, ext. 420.

Pharmacists indicate interest in health education

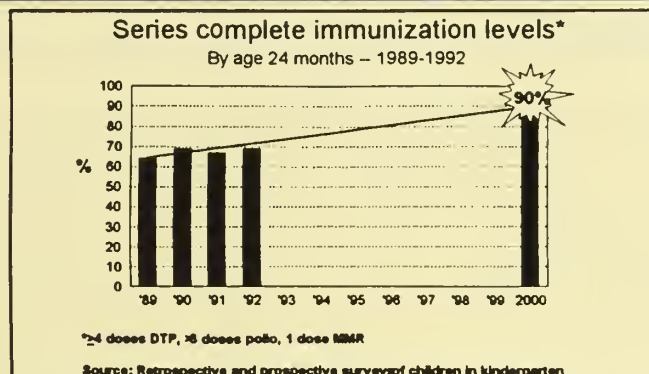
A survey conducted by the Massachusetts Immunization Program found that community-based pharmacies are interested in promoting health education in their town.

As part of National Preschool Immunization Week in April, the MIP sent Spanish immunization pamphlets and posters to about 170 pharmacies that served Hispanic communities in 15 cities and towns in Massachusetts. This population was selected because Hispanics have an increased risk of contracting measles.

The pharmacists were then surveyed about use of the materials. They were also asked whether pharmacists should play a role in health promotion in their community and whether they would be willing to distribute materials in the future.

After two mailings and telephone follow up, 97% of the pharmacies responded. Of those, 96% said pharmacists should promote health matters in their community, and 93% said they would be willing to display or distribute future materials.

These findings indicate that pharmacies are a good place to distribute educational materials to a specific community.



The 1992 immunization survey showed that 69% of two year olds in Massachusetts are immunized. While this is an increase from 1991, it still falls short of the Year 2000 goal of 90%.

Immunization news briefs

● Tetanus Alert!

Hyper-Tet, Tetanus Immune Globulin is in short supply. Miles Biological, the supplier of TIG, is attempting to keep up with the national demand. To help prevent tetanus, please evaluate all adult patients for tetanus and diphtheria. After completion of a primary vaccination series, booster doses of tetanus toxoid combined with diphtheria toxoid (as Td) are recommended every 10 years. Older persons are at greatest risk for tetanus because many have never been vaccinated with a primary series or booster doses of Td.

● Wallet-size shot records considered

The Massachusetts Immunization Program is considering using a wallet-size children's immunization record. The record now used is the "Blue Book" health and immunization record. Some think a smaller record would be more convenient for parents. We would like your thoughts on the switch. Send your comments to **EPI Update** at 305 South St., Boston, 02130, or call us at (617) 522-3700 Ext. 420.

● Paycheck immunization flyers available

The Massachusetts Immunization Program has developed a flyer promoting immunizations for use in paycheck envelopes. The MIP plans to distribute these as part of National Preschool Immunization Week, in April. If you think your company, or a company in the town you serve, would be interested in the flyers, please contact the MIP at (617) 522-3700 Ext. 420.

● Hepatitis B conference set for March

A conference on hepatitis B, sponsored by Insta-Care Health Care Services, will take place March 24 from 8:45 am until 4:30 pm at the Hyatt Regency in Cambridge. For more information, call Louisa Paushter, Coordinator of the Hepatitis B Prevention Project, at (617) 522-3700, x 420.

● CDC immunization course planned for July

The Centers for Disease Control and Prevention will host a course on vaccine-preventable diseases July 19 to 21. For information, call Pam Lutz, at (617) 522-3700 Ext. 420.

Educational materials available from the Bureau of Communicable Disease

Division of Epidemiology:

Pamphlets: The immunization pamphlets are available in small quantities in English and Spanish. A Portuguese version will be ready soon.

Hepatitis C fact sheet: A new hepatitis C fact sheet is available. It answers basic questions about the risks posed by the disease and talks about how it can be prevented and treated.

Contraindications booklet: A booklet designed by the Centers for Disease Control and Prevention that addresses valid and invalid contraindications to vaccination is available.

For information about educational materials, call us at (617) 522-3700 Ext. 420.

Tuberculosis control:

New Publications...

TB/HIV: The Connection - What the Health Care Worker Should Know (CDC 12/93). Originally printed in 1989, this revised booklet contains updated information on diagnosing, preventing, and managing tuberculosis in persons with HIV infection; anergy testing; contact investigating; MDR-TB, and preventing and treating TB in health care workers. For free copies of this booklet send a written request to TB Control, 305 South Street, Jamaica Plain, MA 02130 Attn: David DeBiasi.

A complete list of TB educational materials is available upon request. at (617) 522-3700 Ext. 450.

STD control:

Versions of our Sexually Transmitted Diseases Information and Assistance pamphlet, as well as our fact sheets on Syphilis, Gonorrhea, Chlamydia and Partner Notification, are now available in Spanish and Portuguese.

How Women can Protect Themselves from STD's will be available soon.

Fact sheets on Pelvic Inflammatory Disease, as well as the relationship of HPV and cervical cancer, will also be available in the near future.

Videotapes and audiotapes are also available.

To find out how to order, contact Christie Burke, Coordinator of Education, x 400.

EPI Update

State Laboratory Institute
305 South St. -- 5th Floor
Boston, MA 02130

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You be the EPI!

A school nurse reports to your board of health that an elementary student has just presented to her physician with a fever of 102° F, cough, conjunctivitis, coryza and rash for four days. The doctor is making a presumptive diagnosis of measles. She also tells you the child was not immunized against measles for medical reasons and had just returned from Mexico. What do you do?

The vaccination status, travel history and presentation, indicates measles should be highly suspected. Because it is so infectious, control measures need to be implemented before serologic confirmation is obtained. **Measles can be prevented in susceptible contacts if they're immunized within 72 hours of exposure.**

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Therefore, you need to act as if this is a confirmed case. The child should stay home for four days after the rash onset. If serologic confirmation hasn't been obtained, a specimen should be drawn day ≥ 3 of rash and sent to the State Laboratory Institute for IgM antibody testing. You also need to consider all who may have been exposed and whether they have proof of immunity. High risk and unimmunized contacts should be identified immediately. Susceptibles ≥ 12 months old without contraindications to MMR vaccine should be immunized immediately. IG can be given to those who cannot receive MMR. Finally, anyone without proof of immunity and not vaccinated within 72 hours of exposure should be excluded from public activities from days 5-18 after exposure. **Remember, your regional immunization epidemiologist should be notified as soon as possible by phone or fax.**

